Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 16-28, 2006.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

FFB 17 /	06 12:08PM A	OMD FINE	NCF			P.2		
APPLICATION FOR FEDERAL ASSISTA		יייין עוואט			2. DATE SUBMITTED 2-17-0	Applicant Identifier R9 Tracking #: 06-022		
1. TYPE OF SUBMISSION	N	Preapplic	ation		3. DATE RECEIVED BY STATE	State Application Identifier		
☐ Construction √ Non-Construction		□ Conste	uction onstruction		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier			
5. APPLICANT INFORM	ATION							
Legal Namo: SOUTH COAST A		NAGEME	NT DISTRICT		Organizational Unit:			
Address (give city, county,	state, and zip code):				Name and telephone number of the person to be con	ntacted on matters involving this		
21865 COPLEY	DRIVE		CEIVED		application (give area code) Mary Leonard (909) 396-2780			
DIAMOND BAR, CA 91765 6. EMPLOYER IDENTIFICATION (EIN): 953099419 FEB 1 7 2006 STATE CLEARING HOUSE			SE	7. TYPE OF APPLICANT: (enter appropriate letter here) N A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual				
,			Control of the Contro		P. Intermunicipal M. Profit Or	ganization scify):Regional Agency		
					9. NAME OF FEDERAL AGENCY:	edity):regional Agency		
8. TYPE OF APPLICATION New □ If Revision, enter approprise □ A. Increase Awa □ C. Increase Durs □ Other Specify:	Continuation D Rev te letter(s) in box(cs): D rd D B. Decr	rision D rease Award crease Duration			U.S. Environmental Protection Ag	jency		
	NCE NUMBER <u>: _66,034</u> ys, Studies, Investigations,		s and Special Purpose A	ctivitics	11, DESCRIPTIVE TITLE OF APPLICANT'S PI \$103 Ultrafine Particles Conference	ROJECT:		
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Orange, and the no Angeles, Riverside, Countles								
13. PROPOSED PROJECT:			14. CONGRESSIONA	L_				
Start Date	End Date		a. Applicant: 24-48	3	b. Project: 24-48			
2/3/2006	9/30/2006							
15. Estimated Funding:					16. IS APPLICATION SUBJECT TO REPORDER 12372 PROCESS? a. VYES. THIS PREAPPLICATION/A AVAILABLE TO THE STATE EXECUTED PROCESSES FOR REVIEW ON: DATE 2-17-06 b. NO. □ PROGRAM IS NOT COVERED E □ OR PROGRAM HAS NOT BEEN REVIEW	PPLICATION WAS MADE CUTIVE ORDER 12372 . Y E.O. 12372		
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b. Applicant		\$			5774114 WW (61744 SEA A)			
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f. Program Income		\$			17. IS THE APPLICANT DELINQUENT ON AN □ Yes If "Yes" attach an explanation.	V No		
g. TOTAL		S	1	10,000				
18. TO THE BEST OF MY				PPLICATIO	N ARE TRUE AND CORRECT, THE DOCUMENT MAS B ASSURANCES IF THE AGSISTANCE IS AWARDED.	EEN DULY AUTHORIZED BY THE		
a. Typed Name of Authori Barry R. Wallerste	ein, D.Env.	1	,		^{в. Тіվє:} Executive Officer	c. Telephone Number (909) 396-2100		
d√ Signature of Authorized	Representative	VM	ten			c. Date Signed 2 - 17-04		
Provinus faithfuns Nor Unable) 44	, ` 				Standard Porm 424A (REV 4-8)		

OMB Approval No. 0348-0043

PPLICATION FOR		2. DATE SUBMITTED		Applic Identifier
EDERAL ASSISTAN	ICE	February 15, 200	6	
		3. DATE RECEIVED B		State Application Identifier
TYPE OF SUBMISSION:	Preapplication			
Application Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier R-9 Tracking# 05-299
X Non-Construction	Non-Construction			17-5 1725(17.5)
APPLICANT INFORMATION			Organizational Unit:	1.0
gal Name:	UNS# 07 620 9873		Community Dev	elopment Department
ity of Beilflower, CA D dress (give city, county, State,			Name and telephone	number of person to be contacted on matters involve
ity of Bellflower 16600 (Civic Center Drive		this application (give a	rea code)
eliflower CA 90706 (County of Los Angel	les)	Brian K. Lee, Di	rector of Comm. Dev. (562) 804-1424
			7. TYPE OF APPLIC	ANT: (enter appropriate letter in box)
EMPLOYER IDENTIFICATION	- T U. 1			C
9 5 -6 0 0 5	8 9 6		A. State	H. Independent School Dist. I. State Controlled Institution of Higher Learning
TYPE OF APPLICATION:			B. County C. Municipal	J. Private University
Nev	Continuation	Revision	D. Township	K. Indian Tribe
	lar(a) in boy(es)	·	E. Interstate	L. Individual
Revision, enter appropriate lett	lei(a) iii bax(oo)		F. Intermunicipal	M. Profit Organization N. Other (Specify)
A. Increase Award B. Dec	crease Award C. Incre	ease Duration	G. Special District	N. Otner (Specify)
D. Decrease Duration Other	(specify):		9. NAME OF FEDER	IAL AGENCY:
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APPLICATION F	OR	2. DATE SUBMITTED	. 24 2006	Applicant Identifier	MB Approval No. 0348-0043
FEDERAL ASSI	STANCE	February	21, 2006		
1. TYPE OF SUBMISSION - Application	Proapplication	3. DATE WESTIVED D	YSTATE	State Applicant Identifier	The state of the s
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Lisal Name: Stylo Cent	er Community College Di	strict	Organizational Unit:	University Center Export Progr	Πή
Address (give ety, county, st 560 East Shaw Ave Fresho, CA 93710-	enno, Suile 155	ANG PUBLIC FORMS	application (give are	Gage, Project Director, Unive 8	ed on matters involving this ersity Center Export Program
6. EMPLOYER BENTHICA	NON NUMBER (FIM):	rales What hash manuscript and streamers are superprised and	7. TYPE OF APPLIC	CANT: (unter appropriate letter	·In
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* Legel Name: San Francisco S	State Un	lversity		Department:	Geoscienc			
Organizational DUNS:	942514			Division:			& Engineeri	
Address:		,					on to be contacted on matters invo	olvina
* Street1; 1600 Holloway Avenue	e e			this application	(give area co	ide)	II to be confected all merrers man	Brinaic
Street2: ADM 469				Prefix: Dr.	- Firs	t Name:	Lisa	
* City: San Francisco	. (County San Fran	ncisco	Middle Name:		180		
*State: CA *Zip Co	ode: 941				White			
6. * EMPLOYER IDENTIFICATION				Suffix;			te@sfsu.edu	
93-1137247		RECI	EIVED	* Phone Number	r (give area c	ode)	Fax Number (give area code)	 -
8. TYPE OF APPLICATION:					PPLICANT:	N-Control	lled Institution of Highe	
✓ New ☐ Continuation	n _	Revision EB 2	\$ 1 ZUUU	Other (specify)	T I MI WALLET		· · · · · · · · · · · · · · · · · · ·	
If Revision, enter appropriate letter(s)) In box(c	1						•
A. Increase Award B. Decrease Award	C. Inc	reas Buration	ARING HOUSE	9. NAME OF F	FEDERAL AC	ENCY:		
D. Decrease Duration Other (specify):				National Oceani	ic and Atmos	pheric Ad	ministration	
10. CATALOG OF FEDERAL DOME	ESTIC A	SSISTANCE	11.429	11. * DESCRIPT	TIVE TITLÉ (OF APPLI	ICANT'S PROJECT:	
TITLE: Marine Sanctuary Program			<u>-</u>	SF-ROCKS				
12. * AREAS AFFECTED BY PROJ	ECT	(Cilinz, Counties, States, etc.	v.J:	Meaningful War	itershed Expe	erience		
San Francisco, San Francisco, Calif	ornia		1					
13. * PROPOSED PROJECT:	-			14. • CONGRES	SSIONAL DIS	TRICTS	OF:	
* Start Date		* Ending Date		* a. Applicant			r b. Project	
08/01/2006		07/31/2007		8			8	
15. ESTIMATED FUNDING:				16. IS APPLICA	TION SUBJE	CT TO R	EVIEW BY STATE EXECUTIVE	<u></u>
* a. Federel	\$	49,740.	.00	ORDER 12372 P	PROCESS?			
b. Applicant	\$ [0.	.00	a. YES. THIS PRI	EAPPLICATION CUTIVE ORDI	N/APPLIC ER 12372 I	CATION WAS MADE AVAILABLE TO PROCESS FOR REVIEW ON:	2
* c. State	\$	0.0	.00	✓ YES		02/20/2		,
* d. Local	*	0.0	00	b. PROG	GRAM IS NOT	COVERE	D BY E.O. 12372	
* e. Other	8	. 0.0	00	ORPI	ROGRAM HAS	S NOT BE	En selected by State for Re	EVIEW
f. Program Income	A _	0.0	00				ON ANY FEDERAL DEBT?	***************************************
g. TOTAL	8	19,740 (Yes if "	Yes," attach a	an explan	ation.	No
18. • TO THE BEST OF MY KNOWLEDGE AND SOVERNING BODY OF THE APPLICANT AND	BELIEF,	ALL DATA IN THIS APP LICANT WILL COMPLY	LICATION/PREAPPLICA WITH THE ATTACHED	·		-		Ę
a. Authorized Prefix: Dr.		First Name: Kenr			Middle Name			
*Last Name: P	аар	7		,			ufflx:	
* b. Title: Assoclate Vice President			* c. Tele	phone Number (give	e area code):			
* Email: kenp@sfsu.edu				ber (give area cod	•	415-33		
d. Signature of Authorized Representa	tive:	Completed	d on submission to G	Grants.gov e	a. Date Signe	d: Comp	pleted on submission to Granta.go	
Province Californi tamente							The state of the s	.,,

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SU	BMITTED	Applicant Identifier	
SF 424 (R&R)	3. DATE RE	CEIVED BY STATE	State Application Id	entifler
1. TYPE OF SUBMISSION	<u> </u>			
Pre-application	4. Federal I	dentifier		
5. APPLICANT INFORMATION		* Organizatio	onal DUNS: 0471200840000	
* Legal Name: University of California Davis			04/1200840000	
Department:	Division:	The state of the s		
* Street1: One Shields Avenue	Street2:			
* City: Dovis Cour			7 5/2001 0.0	
* Country: USA		No.	State: CA Z	IP Code: 95616
Person to be contacted on matters involving this applicat				
Desfine a St.	ion Middle Name:		₹ f = == kl =	
David			* Last Name; Ricci	Suffix:
* Phone Number: 530 7523764 Fax	x Number:			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):	<u> </u>	,	Email: [fdricci@ucdavis.ed	[0
94-6036494		7. * TYPE OF APPLICAN		
		-	Controlled Institution of Higher	Education
8. TYPE OF APPLICATION: V New		Other (Specify):		
Resubmission Renewal Continuation Re	evision	Women Owned	Small Business Organization Ty	onomically Disadvantaged
if Revision, mark appropriate box(es).	,	9. NAME OF FEDERAL		
ন্ত্ৰী A. Increase Award - ত্ৰি B. Decrease Award - ত্ৰি C. Incre	ease Duration	Chicago Service Center	AGENCY:	RECEI
D. Decrease Duration 🗓 E. Other (specify)				
Is this application being submitted to other agencies?		10. CATALOG OF FEDER	AL DOMESTIC ASSISTANCE	NUMBER: FEB 2 1 2
What other Agencies?	Yes No.	61.049		
		TITLE: Office of Science	Financial Assistance Program	STATE CLEARING
1. * DESCRIPTIVE TITLE OF APPLICANTS PROJECT: mproving plant biomass for fuel alcohol production	11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
2. AREAS AFFECTED BY PROJECT (cities, counties, olo County, California	states, etc.)			
411 (₄₁₁)				
3. PROPOSED PROJECT: Stan Date * Ending Date		14. CONGRESSIONAL DIS	STRICTS OF:	
Start Date].	a. • Applicant	b. Project	
			<u> </u>	
5. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR C	ONTACT INFO			
John M	ddie Name;		ast Name:	Suffix:
osition/Title: Professor	* Organization		bavitch	PhD
apartment: Department of Plant Sciences	Division:	Name: University of Califo	omia Davis	
Street1: One Shields Avenue	Street2;			
	onceig;	<u> </u>		
City Davis		***************************************		
	:		* State: CA * ZIP	Code: 95616

OMB Number: 4040-0001

Expiration Oate: 04/30/2008

SF 424 (R&R) APPLI			Page
		17. * IS APPLICATION SUBJECT TO REVIEW ORDER 12372 PROCESS?	BY STATE EXECUTIVE
, * Total Estimated Project Funding	1,436,438,00	3. YES THIS PREAPPLICATION/APPLICA	TION WAS MADE
* Total Faderal & Non-Federal Funds 1,436,438.00		AVAILABLE TO THE STATE EXECUTION PROCESS FOR REVIEW ON:	UTIVE ORDER 12372
. * Estimated Program Income 0.00		DATE: 02/21/2006	
		b. NO PROGRAM IS NOT COVERED BY	E.O. 12372; OR
· 		PROGRAM HAS NOT BEEN SELECTION	CTED BY STATE FOR
🛂 🔭 agree	penalties. (U.S. Code, Title 18, S or an Internet site where you may obtain		
The list of cordifications and assurances, Authorized Representative First Name:		this list, is contained in the announcement or agency spe	
The list of cordifications and assurances, Authorized Representative effix: *First Name: David	or an Internet site where you may obtain Middle Name:		suffix:
The list of cortifications and assurances, Authorized Representative efix: *First Name: David Position/Title: Grants and Contracts C	or an Internet site where you may obtain Middle Name: Officer - Organization	this list, is contained in the announcement or agency spe Last Name:	
The list of cordifications and assurances, Authorized Representative effix: 'First Name: David Position/Title: Grants and Contracts Copartment;	Middle Name: Officer Organization Division:	this list, is contained in the announcement or agency spectrum. Last Name:	
The list of cortifications and assurances, Authorized Representative effix: First Name: David Position/Title: Grants and Contracts Copartment; street1; One Shields Avenue	or an Internet site where you may obtain Middle Name: Officer - Organization Division: Street2:	this list, is contained in the announcement or agency specifical Name: Riccl University of California Davis	Suffix:
* The list of cordifications and assurances, Authorized Representative effix: * First Name: David Position/Title: Grants and Contracts Cepartment; Street1: One Shields Avenue City: Davis	Middle Name: Officer Organization Division:	this list, is contained in the announcement or agency spectrum. Last Name:	
* The list of continuous and essurances, D. Authorized Representative The list of continuous and essurances, David Position/Title: Grants and Contracts Contracts Contracts Street1: One Shields Avenue City: Davis Country: USA	or an Internet site where you may obtain Middle Name: Officer - Organization Division: Street2:	this list, is contained in the announcement or agency specifical Name: Riccl University of California Davis	Suffix: Suffix: ZIP Code: 95618
The list of continuations and assurances, Authorized Representative refix: *First Name: David Position/Title: Grants and Contracts Capartment; Street1: One Shields Avenue City: Davis	Middle Name: Officer - Organization Division: Street2: Caunty: Fax Number:	* Last Name: Riccl University of California Davis * State: CA	Suffix: Suffix: ZIP Code: 95616

OMB Number: 4040-0001

Expiration Date: 04/30/2008







U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-03-0731
Budget Number:	1 - Budget Pending Approval
Project Information:	FY06 Fixed Guideway & Orange Line Irrig.

Part 2: Project Information

Grant		Gross Project Cost:		\$42,409,964
CA-03-0731		Adjustment Amt:		\$0
FY06 Fixed Guideway & Orange		Total Eligible Cost:		\$42,409,964
Line Irrig.		Total FTA Amt:		\$33,927,971
Transit Authority		Total State Amt:		\$0
Ray Tellis 213.202.39)56	Total Local Amt:		\$8,481,993
Gladys Lowe 213.922	2.2459			\$0
New		Special Cond Amt:	amenamentuminan mantuminan mantuminan mantuminan mantuminan mantuminan mantuminan mantuminan mantuminan mantum	\$0
Initial Application			<u> </u>	
njekanstiketuud qaraktaasiiriinkun kareesa vasi'a aasia aassa cikkaasiihaasiikaasiikaasiika	ataanaanaanaanaanaanaanaanaanaanaanaanaa	Special Condition:	None Specified	namena an a
20500		S.C. Tgt. Date:	None Specified	
5309		S.C. Eff. Date:		
None Specified		Est. Oblig Date:	ļ	
Jul. 01, 2005 - Jun. 30	0, 2007	Pre-Award		
		Authority?:	Yes	
YES		Fed. Debt Authority?:	No	
None Specified		Final Budget?:	No	
NO	DEC	EMED		
Jul. 11, 2005				
19-25	STATE CLE	ARING HOUSE		
Electronic		THE PROPERTY OF THE PROPERTY O		
	CA-03-0731 FY06 Fixed Guideway Line Irrig. Transit Authority Ray Tellis 213.202.39 Gladys Lowe 213.922 New Initial Application 20500 5309 None Specified Jul. 01, 2005 - Jun. 30 YES None Specified NO Jul. 11, 2005	CA-03-0731 FY06 Fixed Guideway & Orange Line Irrig. Transit Authority Ray Tellis 213.202.3956 Gladys Lowe 213.922.2459 New Initial Application 20500 5309 None Specified Jul. 01, 2005 - Jun. 30, 2007 YES None Specified NO REC Jul. 11, 2005 FEB 19-25 STATE CLE	CA-03-0731 FY06 Fixed Guideway & Orange Line Irrig. Transit Authority Ray Tellis 213.202.3956 Gladys Lowe 213.922.2459 New Initial Application Z0500 5309 None Specified Jul. 01, 2005 - Jun. 30, 2007 YES None Specified NO RECEIVED Jul. 11, 2005 Adjustment Amt: Total Eligible Cost: Total FTA Amt: Total Local Amt: Other Federal Amt: Special Condition: S.C. Tgt. Date: Est. Oblig Date: Pre-Award Authority?: Fed. Debt Authority?: Final Budget?: NO RECEIVED Jul. 11, 2005 STATE CLE ARING HOUSE	CA-03-0731 FY06 Fixed Guideway & Orange Line Irrig. Transit Authority Ray Tellis 213.202.3956 Gladys Lowe 213.922.2459 New Initial Application Special Condition: Special Condition: Special Condition: Special Condition: Special Condition: None Specified S.C. Tgt. Date: None Specified S.C. Eff. Date: None Specified Est. Oblig Date: None Specified Pre-Award Authority?: YES None Specified Pre-Award Authority?: Yes None Specified None Specified Pre-Award Authority?: Fed. Debt Authority?: No RECEIVED Jul. 11, 2005 FEB 2 1 2006 STATE CLEARING HOUSE

Supp. Agreement?:	No
Debt. Deling.	
Details:	

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon
6	38	Grace F Napolitano
6	39	Linda T Sanchez
6	42	Gary G Miller
6	46	Dana Rohrabacher

Part 3: Budget

Project Budget

	Quantity	FTA Amount	<u>Tot. Elig. Cost</u>
SCOPE			
127-00 OTHER CAPITAL ITEMS (RAIL)	0	\$18,716,994.00	\$23,396,242.00
ACTIVITY			
12.7A.00 LA963543 PREVENTIVE MAINTENANCE	0	\$18,716,994.00	\$23,396,242.00

(RAIL)			
SCOPE		ancoppiani an olambana and an	aaraan ka
124-00 SUPPORT EQUIP/FACILITIES (RAIL)	0	\$12,496,633.00	\$15,620,792.00
ACTIVITY			
12.44.01 LA963546 RAIL OPERATION CONTROL (ROC) RECONFIGURATION	0	\$854,318.00	\$1,067,898.00
12.43.06 LA963546 DIVISION 22 IMPROVMENTS PHASE II	0	\$2,066,987.00	\$2,583,734.00
12.43.04 LA963546 MRL STORAGE BUILDING	0	\$494,413.00	\$618,017.00
12.43.02 LA963546 DIVISION 11 IMPROVEMENT	0	\$9,080,915.00	\$11,351,143.00
SCOPE			
122-00 RAIL TRANSITWAY LINES	0	\$2,118,534.00	\$2,648,167.00
<u>ACTIVITY</u>			
12.24.03 LA963546 MBL CROSSING IMPROVEMENTS	0	\$1,547,462.00	\$1,934,327.00
12.23.01 LA29202U1 ORANGE LINE LANDSCAPE/IRRIGATION	0	\$571,072.00	\$713,840.00
SCOPE			
126-00 SIGNAL/COMMUNICATION (RAIL)	0	\$595,810.00	\$744,763.00
ACTIVITY			
12.64.20 LA963546 MBL CROSSING GATE EQUIPMENT	0	\$595,810.00	\$744,763.00
	Estimated To	otal Eligible Cost:	\$42,409,964.00
			-
		Federal Share:	\$33,927,971.00
		Local Share:	\$8,481,993.00

APPLICATION FOR FEDERAL ASSISTANCE	!	2. DATE SUBMITTED		Applicant Idea	Version 7/0
		0	1/12/06	Applicant Ider	
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
№ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identi	fier
Non-Construction	Non-Construct	ion			
5. APPLICANT INFORMATION Legal Name:			Organizational	Init	
COUNTY OF SAN DIEGO			Department:		
Organizational DUNS:	Teet/store.		Division:	PUBLIC WORK	S
00-958164	16	RECEIVED	AIRPO		, ,
Address: Street:			Name and telep	hone number of pe pplication (give are	rson to be contacted on matters
1960 JOE CROSSON DR.		FEB 2 1 2006	Prefix:	First Name:	
City:			Middle Name	PE	ETER
EL CAJON County:	ST	ATE CLEARING HOUSE	Last Name		
SAN DIEGO	<u> </u>		DRIN	IKWATER	
State: CA	Zip Code 92020		Suffix:		
Country: USA			Email:	Drinkwatar@adaa	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (g	Drinkwater@sdcour	Fax Number (give area code)
95-6000934			(619) 956-		(619) 956-4800
8. TYPE OF APPLICATION:			7. TYPE OF APP	LICANT: (See back	k of form for Application Types)
✓ New		ation Revision	В	(, and the same of
If Revision, enter appropriate lette (See back of form for description			Other (specify)		
•			Cirior (opeony)		
Other (specify)				DERAL AGENCY: FION ADMINISTRAT	ION .
10. CATALOG OF FEDERAL D	OMESTIC ASSIST	ANCE NUMBER:		E TITLE OF APPLIC	
i		20-106			SIGN AND CONSTRUCT APRON
Æ (Name of Program):			AND RUN-UP A	REAS, PHASE I	
12. AREAS AFFECTED BY PRO		NT PROGRAM (AIP)			
BORREGO SPRINGS, SAN DIE	•				
13. PROPOSED PROJECT			14. CONGRESSI	ONAL DISTRICTS (⊃F·
Start Date:	Ending Date:		a. Applicant		b. Project
TBD 15. ESTIMATED FUNDING:	TBD		52	TON SUBJECT TO	52 REVIEW BY STATE EXECUTIVE
		00	ORDER 12372 PF	ROCESS?	
a. Federal \$		1,983,125			/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		5,219		CESS FOR REVIEW	
c. State \$	WAA	00	DATE	E: 01/17/06 (FAX &	MAIL)
d. Local \$		99,156	- PRO	SPAMIS NOT COM	ERED BY E. O. 12372
		00	D. NO.		
e. Other \$		•		ROGRAM HAS NOT REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$. 00			NT ON ANY FEDERAL DEBT?
g. TOTAL \$		2,087,500	Yes If "Yes" a	ttach an explanation.	. 💆 No
18. TO THE BEST OF MY KNOV DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TH	UTHORIZED BY T	IEF, ALL DATA IN THIS APPI HE GOVERNING BODY OF T	LICATION/PREAP HE APPLICANT A	PLICATION ARE T	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative		· · · · · · · · · · · · · · · · · · ·			
Prefix	First Name PETE	R ,	Mic	ddle Name L.	
Last Name DRINKWATER			Su	ffix	
. Title	Are			Telephone Number (give area code)
nature of Authorized Representation				19) 956-4800 Date Signed	
Describer Felician Hooks	un J	thrulaus		01/12/06	

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR		O DATE OUDWITTED			Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED 01/12/2		Applicant Ider	ntifier
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
≥ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AG	ENCY Federal Identi	fier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:	**************************************		Organization	nal Unit:	
COUNTY OF SAN DIEGO			Department:	PUBLIC WORK	'S
Organizational DUNS: 00-95816	6	Wasters	Division:	RPORTS	
Address:	RECEIV	En			rson to be contacted on matters
Street:			involving thi	s application (give are	a code)
1960 JOE CROSSON DR.	FEB 2 1 20	06	Prefix:		ETER
City: EL CAJON		į.	Middle Name		
County: SAN DIEGO	STATE CLEARING H	OUSE	Last Name D	RINKWATER	
State: CA	Zip Code 92020		Suffix:		
Country: USA			Email:	TED DDINKWATED	edecunty on gov
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):	· · · · · · · · · · · · · · · · · · ·		ETER.DRINKWATER@: er (give area code)	Fax Number (give area code)
95-6000934			i	56-4800	(619) 956-4801
8. TYPE OF APPLICATION:			7. TYPE OF A	APPLICANT: (See back	of form for Application Types)
		☐ Revision	В		•
(See back of form for description	of letters.)		Other (specify))	
Other (specify)			O NAME OF	FEDERAL AGENCY:	
•				/IATION ADMINISTRAT	TON
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCI	E NUMBER:	Allega and a second sec	TIVE TITLE OF APPLI	
) - (A)		20-106	RAMONA AIF PAD FOR PL		CONSTRUCT HELICOPTER
	ORT IMPROVEMENT PR				
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties,	States, etc.):			
RAMONA, SAN DIEGO, CA					
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SSIONAL DISTRICTS	DF: b. Project
TBD	TBD Date:		52		52
15. ESTIMATED FUNDING:			16. IS APPLIO ORDER 12372		REVIEW BY STATE EXECUTIVE
a. Federal \$		95,000	a Yes 🔽 TI	HIS PREAPPLICATION	/APPLICATION WAS MADE
b. Applicant \$		250		ROCESS FOR REVIEW	ATE EXECUTIVE ORDER 12372 / ON
c. State \$		4,750	D	ATE: 01/12/2006 (Faxe	d to ((916) 323.3018)
d. Local \$		00	b. No. 🔲 Pl	ROGRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$.00	ПО		F BEEN SELECTED BY STATE
f. Program Income \$.00		OR REVIEW P <mark>plicant delinque</mark> n	IT ON ANY FEDERAL DEBT?
g. TOTAL \$		00	[]\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	s" attach an explanation.	1770 A.
18. TO THE BEST OF MY KNOW	VI EDGE AND BELIEF	100,000 ALL DATA IN THIS APPL		•	1
DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TH	UTHORIZED BY THE G	OVERNING BODY OF T	HE APPLICAN	IT AND THE APPLICA!	NT WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name			Middle Name	
Last Name	PETER			L. Suffix	
DRINKWATER					
. Title DIRECTOR OF COUNTY AIRP	DRI'S			c. Telephone Number ((619) 956-4800	give area code)
ature of Authorized Repres	entative	OelN)		e. Date Signed 01/12/2006	
	was a sure			3 17 12/2000	

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR	_		2. DATE SUBMITTED	A	A1:	Version 7/03
FEDERAL ASSISTANCE			01/12/		Applicant Ide	
1. TYPE OF SUBMISSION:	Pre-applicat	ion	3. DATE RECEIVED BY		State Applica	tion Identifier
<u>▶</u> construction	☐ Construc		4. DATE RECEIVED BY	Y FEDERAL AGE	ENCY Federal Ident	ifier
Non-Construction 5. APPLICANT INFORMATION	Non-Cons	struction		***		
Legal Name:				Organization	al Unit:	
COUNTY OF SAN DIEGO				Department:	PUBLIC WOR	ζS.
Organizational DUNS: 00-95816	16 F		-	Division:	PORTS	
Address:	40	RE	CEIVED			erson to be contacted on matters
Street:		N N Records	Powers B W Userez Bass	involving this	application (give are	ea code)
1960 JOE CROSSON DR.		FE	B 2 1 2006		First Name:	ETER
City: EL CAJON				Middle Name		
County: SAN DIEGO		STATE (CLEARING HOUSE	Last Name DR	RINKWATER	
State: CA	Zip Code 92	2020	NCTOCK PROPERTY OF THE SECOND PROPERTY OF THE	Suffix:		
Country: USA	,			Email:	an Dainta de Contra	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):	Au		er.Drinkwater@sdcou r (give area code)	nty.ca.gov Fax Number (give area code)
95-6000934		,		(619) 95		(619) 956-4801
8. TYPE OF APPLICATION:	J			1		k of form for Application Types)
☑ Nev	v 🖺 Co	ntinuation	n ☐ Revision	В .	•	1,1,
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es of letters.)	s) 	. 🗇 .	Other (specify)		
Other (specify)		Ш		9. NAME OF F	EDERAL AGENCY:	TION
10. CATALOG OF FEDERAL D	OMESTIC AS	SSISTANC	E NUMBER:		ATION ADMINISTRATIVE TITLE OF APPLI	
			2 0 -1 0 6	and the second s		ABILITATE RUNWAY 17/35 AND
E (Name of Program):			Total Control Control Control	TAXIWAYS, P	HASE II	
AIRPORTS IMPROV 12. AREAS AFFECTED BY PROPERTY OF THE PROPERT						
El Cajon, CA County of San Die	•	,	, 5.5.00, 5.5.9.			
13. PROPOSED PROJECT				14. CONGRES	SIONAL DISTRICTS	OF:
Start Date: TBD	Ending Dat	e:		a. Applicant 52		b. Project
15. ESTIMATED FUNDING:	100				ATION SUBJECT TO	52 REVIEW BY STATE EXECUTIVE
a. Federal \$			00	ORDER 12372	PROCESS?	I/APPLICATION WAS MADE
	· · · · · · · · · · · · · · · · · · ·		1,553,250	_ a. res. 🕦 AV	AILABLE TO THE ST.	ATE EXECUTIVE ORDER 12372
b. Applicant \$			4,088	PR	OCESS FOR REVIEW	VON
c. State \$.00 77,662	DA	TE: 01/17/06 (FAX &	MAIL)
d. Local \$.00	b. No. 🔲 PR	OGRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$.00	n OR		T BEEN SELECTED BY STATE
f. Program Income \$. 00		R REVIEW PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$			1,635,000 ·	Yes If "Yes"	attach an explanation	. 🗷 No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED	BY THE	ALL DATA IN THIS APP SOVERNING BODY OF	PLICATION/PRE	APPLICATION ARE T	RUE AND CORRECT. THE
a. Authorized Representative Prefix	First Name			Ţ,	Middle News	
	i not Naille	PETER			Middle Name L.	
Last Name DRINKWATER					Suffix	
b. Title DIRECTOR OF COUNTY AIRP	ORTS	1	2X-L		c. Telephone Number (619) 956-4800	(give area code)
d ature of Authorized Repres	sentative	Cu ;	Thaleu	w	e. Date Signed 01/12/2006	
Previous Edition Usable Authorized for Local Reproductior	า	\				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

	Rev.11/02 to conform to the CNCS eGran	
PPLICATION FO	OR FEDERAL ASSISTAN	Application Non-Construction
DATE SUBMITTED TO CORPO	ORATION FOR 3. a. DATE RECEIVED BY SERVICE	STATE: 3.b. STATE APPLICATION IDENTIFIER:
2/14/06	4. a. DATE RECEIVED BY	CNCS: 4.b. CNCS GRANT NUMBER:
APPLICANT INFORMATION		5e. NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR
	onal University	PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION codes):
o. ORGANIZATIONAL UNIT: :. ORGANIZATIONAL DUNS:	073347809	NAME: Dr. Darla A. Calvet
. ADDRESS (give street address	s, city, county, state and zip code):	NAME: WY.
	th Torrey Pines R	
La Jolla, C	A 92037-1011	FAX NUMBER: (858) 642 - 8761
EMPLOYER IDENTIFICATIO	N NUMBER <i>(EIN):</i>	7.a. TYPE OF APPLICANT: (enter appropriate letter in box)
23-717	2306	A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning
TYPE OF APPLICATION (Che	eck appropriate box):	C. Municipal J. Private University
	EW/PREVIOUS GRANTEE	E Interstate L. Individual
-·	MENDMENT	F. Intermunicipal M. Profit Organization G. Special District N. Private Non-Profit Organization
Revision, enter appropriate lette	MENDMENT RECEIVER(s) in box(es):	7 b CNCS APPLICANT CHARACTERISTICS
. AUGMENTATION:	B. BUDGET REVISION: FEB 2 1	
. NO COST EXTENSION:	to <u>(enter date)</u>	9. NAME OF FEDERAL AGENCY:
OTHER (specify below):	ATATE CLEAR!	NG HOUSE 1 Can National and Community Service
	SIAIE OLLAIN	NG HOUSE poration for National and Community Service
		11 - TITLE OF APPLICANT'S PROJECT:
	DOMESTIC ASSISTANCE NUMBER:	11 - TITLE OF APPLICANT'S PROJECT:
0. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NUMBER:	11 - TITLE OF APPLICANT'S PROJECT:
0. CATALOG OF FEDERAL 0 0 0 6 2. AREAS AFFECTED BY PI	DOMESTIC ASSISTANCE NUMBER: ROJECT (List Cities, Counties, States, etc.):	and the second the second second
0. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NUMBER: ROJECT (List Cities, Counties, States, etc.):	11 - TITLE OF APPLICANT'S PROJECT:
0. CATALOG OF FEDERAL 94006 Name of Beauty	DOMESTIC ASSISTANCE NUMBER: ROJECT (List Cities, Counties, States, etc.):	11. a. TITLE OF APPLICANT'S PROJECT: A COllaborative Americary Serving Community 1 11. b. CNCS PROGRAM INITIATIVE (IF ANY):
O. CATALOG OF FEDERAL O O G AREAS AFFECTED BY PI SAN DICAS . O NOW OVER	DOMESTIC ASSISTANCE NUMBER: ROJECT (List Cities, Counties, States, etc.): START DATE: Check applicable box: Yr 1: Yr.2: or	11. a. TITLE OF APPLICANT'S PROJECT: A COllaborative American Service Service American Service Service American Service Servi
O. CATALOG OF FEDERAL O O G NAME CED AREAS AFFECTED BY PI SAM DICAY O NOW OVER A PROPOSED PROJECT 4. ESTIMATED FUNDING: C	DOMESTIC ASSISTANCE NUMBER: ROJECT (List Cities, Counties, States, etc.): START DATE: Check applicable box: Yr 1: Yr.2: or	11. a. TITLE OF APPLICANT'S PROJECT: A COllaborative Americarys Service Company of the Collaborative (IF ANY): 11. b. CNCS PROGRAM INITIATIVE (IF ANY): FIND DATE: Yr 3: 0 15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 480.00
2. AREAS AFFECTED BY PI APPROPOSED PROJECT: 4. ESTIMATED FUNDING: C	DOMESTIC ASSISTANCE NUMBER: ROJECT (List Cities, Counties, States, etc.): START DATE: Check applicable box: Yr 1: Yr.2: or	11. a. TITLE OF APPLICANT'S PROJECT: A COllaborative American Service Service Service American Service Servic
O. CATALOG OF FEDERAL O O G NAME CONTROL 2. AREAS AFFECTED BY PI SAM DICAY O NOW OVER A PROPOSED PROJECT. 4. ESTIMATED FUNDING: CO A FEDERAL D. APPLICANT	DOMESTIC ASSISTANCE NUMBER: ROJECT (List Cities, Counties, States, etc.): CA START DATE: Check applicable box: Yr 1: Yr.2: or \$ 999	11. a. TITLE OF APPLICANT'S PROJECT: A COllaborative Americarys Service Computing Community 11. b. CNCS PROGRAM INITIATIVE (IF ANY): FND DATE: 15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSS FOR REVIEW ON: DATE: 2 17 06
O. CATALOG OF FEDERAL O O G NAME OF THE PROPERTY OF THE PROPOSED PROJECT: 4. ESTIMATED FUNDING: CO., APPLICANT C. STATE	DOMESTIC ASSISTANCE NUMBER: ROJECT (List Cities, Counties, States, etc.): CA START DATE: Check applicable box: Yr 1: Yr.2: or \$ 999 \$ 512	11. a. TITLE OF APPLICANT'S PROJECT: A COllaborative American Service Service Service Service Service American Service Servic
O. CATALOG OF FEDERAL O O G AREAS AFFECTED BY PI O O G NOW OVER 3 PROPOSED PROJECT. 4. ESTIMATED FUNDING: C 1. FEDERAL 1. APPLICANT 2. STATE 1. LOCAL	DOMESTIC ASSISTANCE NUMBER: ROJECT (List Cities, Counties, States, etc.): CA START DATE: Check applicable box: Yr 1: Yr.2: or \$ 999 \$ 512,	11. a. TITLE OF APPLICANT'S PROJECT: A COllaborative Americarys Service Computing Community 11. b. CNCS PROGRAM INITIATIVE (IF ANY): FND DATE: 15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSS FOR REVIEW ON: DATE: 2 17 06
O. CATALOG OF FEDERAL O O G NAME CED 2. AREAS AFFECTED BY PI 3. PROPOSED PROJECT: 4. ESTIMATED FUNDING: C 1. FEDERAL 2. APPLICANT 2. STATE d. LOCAL 6. OTHER	DOMESTIC ASSISTANCE NUMBER: ROJECT (List Cities, Counties, States, etc.): START DATE: Check applicable box: Yr 1: Yr.2: or \$ 999 \$ 512 \$ \$	11. a. TITLE OF APPLICANT'S PROJECT: A CONADDVATIVE American Service Service Computing (Computing Computing Computi
O. CATALOG OF FEDERAL O O G NAME OF THE PROPOSED PROJECT: 14. ESTIMATED FUNDING: C 15. APPLICANT C. STATE d. LOCAL e. OTHER f. PROGRAM INCOME	DOMESTIC ASSISTANCE NUMBER: ROJECT (List Cities, Counties, States, etc.): START DATE: Check applicable box: Yr 1: Yr.2: or \$ 999 \$ 512 \$ 5 \$ 5	11. a. TITLE OF APPLICANT'S PROJECT: A COMADDYATYL Americary Service Community 11. b. CNCS PROGRAM INITIATIVE (IF ANY): 11. b. CNCS PROGRAM INITIATIVE (IF ANY): 15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSS FOR REVIEW ON: DATE DATE OR PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FREVIEW 16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? YES If "Yes," attach an explanation.
0. CATALOG OF FEDERAL Q 4 0 0 6 2. AREAS AFFECTED BY PI 3. PROPOSED PROJECT: 4. ESTIMATED FUNDING: C 1. FEDERAL 1. APPLICANT 2. STATE 1. LOCAL 2. OTHER 3. PROGRAM INCOME 4. TOTAL 17. TO THE BEST OF MY K AUTHORIZED BY THE GOVER	DOMESTIC ASSISTANCE NUMBER: ROJECT (List Cities, Counties, States, etc.): CA START DATE: Check applicable box: Yr 1: Yr.2: or \$ 999 \$ 512 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	11. a. TITLE OF APPLICANT'S PROJECT: A COMADDYATY Americary Service Community 11. b. CNCS PROGRAM INITIATIVE (IF ANY): 11. b. CNCS PROGRAM INITIATIVE (IF ANY): 15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILANT TO THE STATE EXECUTIVE ORDER 12372 PROCESSS FOR REVIEW ON: 16. NO. PROGRAM IS NOT COVERED BY E.O. 12372 17. OR PROGRAM HAS NOT BEEN SELECTED BY STATE FREVIEW 16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTY 17. YES IF "YES," attach an explanation. 18. APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWA
2. AREAS AFFECTED BY PI 2. AREAS AFFECTED BY PI 3. PROPOSED PROJECT. 4. ESTIMATED FUNDING: C a. FEDERAL b. APPLICANT c. STATE d. LOCAL e. OTHER f. PROGRAM INCOME g. TOTAL	DOMESTIC ASSISTANCE NUMBER: ROJECT (List Cities, Counties, States, etc.): CA START DATE: Check applicable box: Yr 1: Yr.2: or \$ 999 \$ 512 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	11. a. TITLE OF APPLICANT'S PROJECT: A COllaborative American Service 11. b. CNCS PROGRAM INITIATIVE (IF ANY): 11. b. CNCS PROGRAM INITIATIVE (IF ANY): 15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILANT TO THE STATE EXECUTIVE ORDER 12372 PROCESSS FOR REVIEW ON: 2 17 06 b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FREVIEW 16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? YES IF "YES," attach an explanation.

APPLICATION FO						Version 7/03
FEDERAL ASSIST	ANCE		DATE SUBMITTED December 8, 2005 (Re	evised Jan. 24, 2	Applicant Ide	ntifier
1. TYPE OF SUBMISSI Application	ON:	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	tion Identifier
☑ Construction		Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Ident	ifier
Non-Construction	# A TION	☐ Non-Construction	4-11/-11			
5. APPLICANT INFORM Legal Name:	HAHON			Organizationa	l Unit	
County of El Dorado				Department:		
Organizational DUNS:				Division:	General Services	
07-154-3201 Address:					Airports	
Street:				involving this	ephone number of pe application (give are	erson to be contacted on matters
360 Fair Lane				Prefix: Mr.	First Name:	
City: Placerville				Middle Name	Dave	
County: El Dorado				Last Name Nicolls		
State: California		Zip Code 95667		Suffix:		
Country: USA	L	***************************************		Email:	.0	
6. EMPLOYER IDENTIF	ICATIO	N NUMBER (EIN):		Phone Number	@co.el-dorado.ca.us	Fax Number (give area code)
94-6000		(9-		(530) 622-0459		530-622-0270
8. TYPE OF APPLICAT				1 '		k of form for Application Types)
	New	Continuation	Revision	1	. 2.07.111. (000 bad	ix or form for Application Types)
If Revision, enter appropi (See back of form for des	riate lette	er(s) in box(es)	* tono,()	B. County		
(See back of form for des	scription	A A		Other (specify)		
Other (specify)					EDERAL AGENCY: n Administration	
10. CATALOG OF FED	ERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	IVE TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program	n):		20-106	Rehabilitate	Existing Runway 16-	Dorado County, California 34 - Phase 3 n and Hangar Taxiways
Airport Improvement Pro 12. AREAS AFFECTED		NECT (Cities Counties	States etc.):	Orack ocal	and oldiny ocal Aprol	Tand Hangai Taxiways
Georgetown, El Dorad		, , ,	olates, clu.j.			
13. PROPOSED PROJE	CT			14. CONGRES	SIONAL DISTRICTS	OF:
Start Date: 2005		Ending Date: 2006		a. Applicant 04		b. Project 04
15. ESTIMATED FUNDI	NG:	2000		16. IS APPLICA		REVIEW BY STATE EXECUTIVE
a. Federal	\$		-00	ORDER 12372		N/APPLICATION WAS MADE
b. Applicant	P	CEIVED	277,035	a. res. 🖭 AV.		ATE EXECUTIVE ORDER 12372
c. State	\$r-	FB 2 1 2006	729		TE: January 26, 2006	
d. Local	T- \$	EB 2 1 2006	13,852	55	•	/ERED BY E. O. 12372
e. Other	STATE	E CLEARING HOUS	00	D. NO. 11.1		
T and the state of	09.		. 00	FO FO	R REVIEW	T BEEN SELECTED BY STATE
f. Program Income	Þ			17. IS THE API	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	\$		291,616		attach an explanation	
18. TO THE BEST OF M DOCUMENT HAS BEEN ATTACHED ASSURANC	DULY A	UTHORIZED BY THE O	SOVERNING BODY OF T	LICATION/PREA HE APPLICANT	APPLICATION ARE T FAND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representa	ative					
Prefix Mr.		First Name Keith		ſ	Middle Name C.	
Last Name Leech					Suffix	
o. Title Director of General S	Services	1 -/	1		c. Telephone Number (530) 621-5847	(give area code)
d. Signature of Authorized	Repres	entative W. Hx	Lade	-	e. Date Signed 2-/	6-06

APPLICATION FOR		2. DATE SUBMITTED		I A II I I I	Version 7/03
FEDERAL ASSISTANCE		January 24, 2006		Applicant Iden	tifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identif	ier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational Ur	nit:	
County of El Dorado			Department:	neral Services	
Organizational DUNS:			Division:		
07-154-3201 Address:				ports one number of per	son to be contacted on matters
Street: 360 Fair Lane			involving this app	olication (give area	a code)
			Prefix: Mr.	First Name: Dave	
City: Placerville			Middle Name		
County: El Dorado			Last Name Nicells		
State: California	Zip Code 95667	DECE	FED		
Country:			Email:		
USA 6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):	FEB 2 1	Phone Number (giv	co.el-dorado.ca.us	Fax Number (give area code)
94-6000511			(530) 622-0459	·	530-622-0270
8. TYPE OF APPLICATION:		OTATE CLEAR	NG HOUSE PE	ICANT: (See back	of form for Application Types)
✓ New	Continuation	Revision	B. County	(000 246)	() () () () () () () () () ()
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es)		Other (specify)		
Other (specify)			9. NAME OF FEDI Federal Aviation A	ERAL AGENCY:	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:			CANT'S PROJECT:
TITLE (Name of Program): Airport Improvement Program 12. AREAS AFFECTED BY PRO	NECT (Cities Counties	20-106	Placerville Airport, Slurry Seal End	El Dorado County,	California ark Thresholds Runway 5 and 23
Placerville, El Dorado County,	•	, States, etc.).			
13. PROPOSED PROJECT			14. CONGRESSIC	NAL DISTRICTS (OF:
Start Date:	Ending Date:		a. Applicant		b. Project
2006 15. ESTIMATED FUNDING:	2006		16 IS APPLICATE	ON SUBJECT TO	04 REVIEW BY STATE EXECUTIVE
		, , , , , , , , , , , , , , , , , , ,	ORDER 12372 PR	OCESS?	
a. Federal \$		225,000			/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		592 ·		ESS FOR REVIEW	
c. State \$		11,250	DATE:	January 26, 2006	
d. Local \$	· · · · · · · · · · · · · · · · · · ·		b. No. 🎵 PROG	RAM IS NOT COV	ERED BY E. O. 12372
e. Other \$.00			F BEEN SELECTED BY STATE
f. Program Income \$.00		EVIEW CANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		236,842	Yes If "Yes" att	ach an explanation	. 😢 No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	ALL DATA IN THIS APP GOVERNING BODY OF T			
a. Authorized Representative			la av a	dla Nama	
Prefix Mr.	First Name Keith		Mid C.	dle Name	
Last Name Leech			Sufi	ix	
o. Title Director of General Services	u M	1/		elephone Number (0) 621-5847	(give area code)
d. Signature of Authorized Repres	sentative MUN	Xeed		ate Signed	16/06
Previous Edition Usable Authorized for Local Reproductior) — — — — — — — — — — — — — — — — — — —			- ,	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

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Authorized for Local Reproduction

d. Signature of Authorized Representative

Director of Airports

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

(805) 388-4200

e. Date Signed February 2, 2006

OMB Number: 4040-0004 Expiration Date: 07/31/2006

Application for	Federal Assis	tance SF-424		Version 02
* 1. Type of Submissi	ion:	* 2. Type of Application:	* If Revision, select appropriate letter(s):	RECEIVED
Preapplication		✓ New		
✓ Application		Continuation	* Other (Specify)	FEB 2 2 2006
Changed/Correcte	d Application	Revision		
* 3. Date Received:		4. Applicant Identifier:		STATE CLEARING HOUSE
Completed by Grants.gov to	upon submission.			
5a. Federal Entity Ide	ntifier:		* 5b. Federal Award Identifier:	
State Use Only:				
6. Date Received by 8	State:	7. State Application	n Identifier:	
8. APPLICANT INFO	RMATION:			
* a. Legal Name: Ma	idera County Com	munity Action Agency, Inc.		
* b. Employer/Taxpaye	er Identification Nu	ımber (EIN/TIN):	* c. Organizational DUNS:	,
94-1612823			034241133	
d. Address:				
* Street1:	1225 Gill Avenue			
Street2:				
* City:	Madera			
County:				
* State:			CA: California	
Province:				
* Country:		l	JSA: UNITED STATES	
* Zip / Postal Code:	93637			
e. Organizational Un	it:			
Department Name:			Division Name:	
Victim Services Depart	tment			
f. Name and contact	information of pe	erson to be contacted on n	natters involving this application:	
Prefix: Ms.		* First Nam	e: Mary Jane	
Middle Name:				
* Last Name: Nabors	}			
Suffix:				
Title: Executive Direc	etor			
Organizational Affiliation	n:			
* Telephone Number:	(559) 673-9173		Fax Number: (559) 673-2859	
* Email: mjnabors@r	maderacap.org			

OMB Number: 4040-0004 Expiration Date: 07/31/2006

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	_
* Other (specify):	
* 10. Name of Federal Agency: Office of Violence Against Women	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
Transitional Housing Assistance for Victims of Domestic Violence, Stalking, or Sexual Assault	
Transitional Floriday Assistance for Violants of Doniestic Violence, Starking, of Sexual Assault	
* 12. Funding Opportunity Number:	
OVW-2006-1228	
* Title:	
Domestic Violence Transitional Housing Assistance Program	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Madera, California	
* 15. Descriptive Title of Applicant's Project:	
Gateway Transitional Housing Program	
Salemay Hariotonia Housing Hogram	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

OMB Number: 4040-0004 Expiration Date: 07/31/2006

Application	າ for Federal Assistan	ce SF-424		Version 02
16. Congressi	onal Districts Of:			
* a. Applicant	19		* b. Program/Project	19
Attach an addit	tional list of Program/Project	Congressional Districts if need	ed.	
		Add Attachment Delete A	Attachment View Attachment	
17. Proposed	Project:			
* a. Start Date:	09/01/2006		* b. End Date	: 08/31/2009
18. Estimated	Funding (\$):			
* a. Federal		350,000.00		
* b. Applicant		0.00		
* c. State		0.00		
* d. Local		0.00		
* e. Other		0.00		
* f. Program In	come	0.00		
* g. TOTAL		350,000.00		
b. Program i c. Program i * 20. Is the Ap Yes 21. *By signing herein are true comply with a may subject m * ** I AGREE ** The list of cerspecific instruct Authorized Re	is subject to E.O. 12372 but is not covered by E.O. 12372 plicant Delinquent On Any No Exploration, I certify (a, complete and accurate to a complete and accurate to a complete and accurate to a criminal, civil, or admittifications and assurances, cions.	Federal Debt? (If "Yes", programation 1) to the statements contained the best of my knowledge apt an award. I am aware that inistrative penalties. (U.S. Corr an internet site where you me	vide explanation.) ed in the list of certifications** a I also provide the required ass t any false, fictitious, or fraudu ode, Title 218, Section 1001) ay obtain this list, is contained in	nd (2) that the statements surances** and agree to lent statements or claims
Prefix:	Ms.	* First Name: Ma	ary Jane	
Middle Name:				
* Last Name:	Nabors			
Suffix:				
* Title: Execu	tive Director			
* Telephone Nur	mber: (559) 673-9173		Fax Number:	
* Email: mjna	abors@maderacap.org			
* Signature of A	uthorized Representative	Completed by Grants.gov upon submis	sion. * Date Signed: Complete	d by Grants gov upon submission

OMB Number: 4040-0004 Expiration Date: 07/31/2006

pplication for Federal Assistance SF-424	Version (
pplicant Federal Debt Delinquency Explanation	
e following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of tracters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

79,560

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWA	RDED.	
a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Paul A. Fillebrown	Public Works Director	(209) 385-7602
d. Signature of Authorized Representative		e. Date Signed

Previous Edition Usable

g. TOTAL

V No

Yes If "Yes," attach an explanation.

							Version 7
APPLICATION F		2. DATE SUBMIT August 15, 200			Applic	ant Identifier	
FEDERAL ASSIS	TANCE						
I. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVE	D BY ST	ATE	State A	pplication Identifier	- \
☐ Construction ☐ Non-Construction	Construction Non-Construction	4. DATE RECEIVE	D BY FF	DERAL AGENCY	Federal	Identifier	
5. APPLICANT INFORMAT		<u></u>					
Legal Name:		14.1	Ore	anizational Unit:			
The Regents of the Ur	iversity of Califor	nia		artment:			
			Ent	omology			
Organizational DUNS: 04-712-0084			1	sion:			
Address;		-1	Col	lege of Agriculture	and Na	tural Resources	
OVCR, Sponsored Programs,	8 Everson Halt		appi	ication (give area code)	or persor	to be contacted on matters	involving th
Street:		1,1	Prof			First Name:	
One Shields Ave.			Dr.			Larry	
City:	, "			lle Name:	TH	ECEIVED	i i
Davis County:	9 8 8 8	•	D.			CLIVED	
Yolo				Name.		FEB 2 2 2006	1
State:	Zip Code:		Suffi	Ifrey	1	2 2 2006	 -
CA	95616		34,,,	Α,	STATI	E OLE	1
Country:			Emai	I:	- Intil	E CLEARING HOUSE	:
USA				dfrey@ucdavis.edu		,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人	J
6. EMPLOYER IDENTIFICAT	TON NUMBER (EIN);			e Number (give area cod	c)	Fax Number (give area	ode)
		. 1	330.	752-0473		530-752-1537	
9 4 -6 8. TYPE OF APPLICATION:	0 3 6 4 9	4					
New	Continuation	Revision	7. T	YPE OF APPLICANT: (Sec back	of form for Application Ty	bęz)
If Revision, enter appropriate le	tter(s) in hox(cs)	1 KC 13IGH	ı				
(See back of form for description	n of letters.)					•	
	Γ-	7 (")	Other	(specify)			
Oth (I		Other	(specify)			
Other (specify)			9. NA	ME OF FEDERAL AGE	NCY:	м	
10 CATALOG OF FEDERAL L	OMESTIC ASSISTANCE	E NI IMBED	Envir	enmental Protection Age ESCRIPTIVE TITLE O	ncy	AUTIC BROKECT	
	Companie Abbita i Mac	IS NOMBER.	Ther	mal Defoliation in A	cala an	LANTS PROJECT: nd Pima Cotton — Dafe	liation
		———	Thermal Defoliation in Acala and Pima Cotton – Defoliation Performance, Late Season Insects				
	665-711	<u> </u>					
TITLE (Name of Program):							
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	States, etc)	-				
Davis, Shafter, Kern, Yolo, Fresh	o, California						
13. PROPOSED PROJECT Start Date:	I D. C. D.	100		NGRESSIONAL DIST	RICTS O		
June 1, 2006	Ending Date: April 30, 2007		a. App			b. Project CA 1st	
15. ESTIMATED FUNDING:					CT TO R	EVIEW BY STATE EXEC	UTIVE
a. Federal \$47:00			ORDF.	R 12372 PROCESS?			
a. Federal \$47,00 b. Applicant \$			B. Yes	ABLE TO THE STATE	ATION/	APPLICATION WAS MA TIVE ORDER 12372 PRO	DE COR
c. State		· · · · · · · · · · · · · · · · · · ·	REVIE	W ON		TIVE ORDER 12372 PRO	CESS FOR
d. Local \$			1	DATE: 2/24/0	L		
c Other \$			h. No	PROGRAM IS NO	IAS NOT	ERED BY E. O. 12372 BEEN SELECTED BY ST	מסם חיד אם
	,		REVIE	W OK FROGRAM (MS NOT	DEEN PEPECIFINAL 2	INTEROR
f. Program Income \$ g. TOTAL \$47,000			17.15 7	HE APPLICANT DELI	NQUENT	ON ANY FEDERAL DE	BT?
g. TOTAL \$47,000 18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	ALL DATA INTU	Yes	If "Yes" attach an expla	nation.	⊠ No	
DOCOMENT HAS BEEN DOLLY	AUTHORIZED BY TH	E GOVERNING ROD	Y OF TH	E APPLICANT AND T	LION AR HE APPI	ICANT WILL COMPLY	, itte With the
ALLYCLICD VOTOR VINCES IN	THE ASSISTANCE IS A	WARDED,	-		,,,,,,,,		
Authorized Representative Prefix First Na	ımc			Middle Name			
				MITTOIC MAME			
	d Ricci		٠,	Suffix			
. Title Conf	racts and Grants	Analyst		Tolors			
~~~		_		c. reiefinone Number	(give area	s code) 530-752.76	75
. Signature of Authorized Represe	mative V	,		c Date Signed			
revious Edition Usable	with the same of t		. 1	2/2	2/06		
					•	Standard Form 424 (Rev.	9-2003)

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMIT	ITED	Applicant Iden	Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIV	FD BY STATE	State Applicat	on Identifier		
Application	Pre-application			• • • • • • • • • • • • • • • • • • • •			
Construction	Construction	4. DATE RECEIV	ED BY FEDERAL AGE		ier		
Non-Construction  5. APPLICANT INFORMATION	Non-Construction			68-0386518			
Legal Name:			Organizational	Unit:			
The CSU, Chico Research Foun	dation		Department:				
Organizational DUNS: 612177162			Division:				
Address:				phone number of pe application (give are	rson to be contacted on matters		
Street: CSU, Chico, Building 25	RECE	VED	Prefix:	First Name: Carol	a coue)		
City: Chico	FEB 2 3	2006	Middle Name				
County: Butte	STATE OF EARL		Last Name Sager				
State: CA	STATE CLEARING CODE 05029-0870	NG HOUSE	Suffix:				
Country: USA			Email: casager@csuc	hico.edu			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)		
68-0386518	]		530-898-5700		530-898-6804		
8. TYPE OF APPLICATION:			7. TYPE OF AF	PPLICANT: (See bac	k of form for Application Types)		
₩ Nev	v Continuatio	n 📗 Revisio	O Nonprofit 50	1 (c)3			
If Revision, enter appropriate lett (See back of form for description	of letters.)		Other (specify)				
Other (specify)	_	_		EDERAL AGENCY: elopment Agency (ED	A)		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:		IVE TITLE OF APPLI			
		10-76	PeerSpectives:	: Rural Economic Dev	elopment in 11 Northern California		
TITLE (Name of Program): Rural Business Enterprise Gran	ts		Counties				
12. AREAS AFFECTED BY PR		s, States, etc.):					
Northern California							
13. PROPOSED PROJECT				SIONAL DISTRICTS			
Start Date: 07/01/06	Ending Date: 06/30/07		a. Applicant Second		b. Project Second		
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE		
a. Federal \$		75.000	a Vac IV TH	IS PREAPPLICATION	NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
b. Applicant \$		75,000		AILABLE TO THE ST OCESS FOR REVIE\			
c. State \$		10,000	DA	TE: 02/23/06			
d. Local \$		.00	b. No. I	OGRAM IS NOT COV	/ERED BY E. O. 12372		
e. Other \$		.00	OR		T BEEN SELECTED BY STATE		
f. Program Income \$		.00	17. IS THE AP	R REVIEW PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		85,000	☐ Yes If "Yes'	' attach an explanation	n. 💯 No		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	, ALL DATA IN TI GOVERNING BO	HIS APPLICATION/PRE DY OF THE APPLICAN	APPLICATION ARE T T AND THE APPLICA	TRUE AND CORRECT. THE NT WILL COMPLY WITH THE		
a. Authorized Representative				RECTURAL DE			
Prefix	First Name Carol			Middle Name			
Last Name	<del></del>			Suffix			
Sager b. Title				c. Telephone Number	(give area code)		
Director, Office of Sponsored P d. Signature of Authorized Repres				530-898-5700 e. Date Signed	2/12/11		
u. Signature or Authorized Repre	sociitative ,			c. Date digited	2/25/01		

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							Varsion 7703
(PPLICATION FOR FEDERAL ASSISTANCE	•		2. DATE SUBMITTED 2/27/06			Applicant Identi	
TYPE OF SUBMISSION:	1		3. DATE RECEIVED BY	Y S	TATE	State Application	on Identifier
Application	Pre-applic	ation	4. DATE RECEIVED BY	V E	EDEDAL AGENCY	Federal Identifi	er
Construction	Constr	uction	4. DATE RECEIVED BY	* "	EDERAL MOLNE.	, decire, resident	
Non-Construction	Mon-Co	natruction	J., ,				
APPLICANT INFORMATION				_	Organizational Un	ît:	
egal Name:	<u> </u>	N	0		Department:		
ri-County Economic Developm	nent Corpora	ition		-	Division:		
Organizational DUNS; 153404116			The second secon			1	non to be contacted on matters
Address:			AFIVED	H	Name and telepho Involving this app	ine number of per lication (give area	son to be contacted on matters
Street: 3120 Cohasset Road, Sulte 5		HE	CEIVED		Profiv.	First Name:	
1120 Conasset Road, Suite 5			2000		530-893-8732	Sheri	
City; Chico		FE	B 23 2006		Middle Name L.		
				H	Last Name		
County: Butle	_	CTATE	CLEARING HOUSE	1	Nix		
State: California	Zip Code 95973	SIAIL		ال	Suffix:		
Country:	33373	Y-ver to the second second			Email:	le oro	
United States		- 7 <del>-</del> 14.0		_	sheri@tricountyed		Fax Number (give area code)
S. EMPLOYER IDENTIFICATI	ON NUMBE	R (EIN):			530-893-8732		530-893-0820
68-006587	3					IGANE: ICas boo	
A TYPE OF APPLICATION:					7. TYPE OF APPL	.ICANT: (See Dac	k of form for Application Types)
₽ N	w ITI	Continuati	on 🖺 Revision		O - Economic De	velopment District	
f Revision, enter appropriate le	itter(s) in bo	K(AS)			Other (specify)		
See back of form for description	n or iellers.)						
Other (specify)		_			9. NAME OF FED	ERAL AGENCY:	SDA
			AF MINAGED		11 DESCRIPTIV		CANT'S PROJECT:
10. CATALOG OF FEDERAL	, DOMESTIC	: ASSISTAN			1	Incubation Progre	
1			10-769		TOEBG GBBINGG		
TITLE (Name of Program): Rural Business Enterprise Gra	nai Orogram						
12. AREAS AFFECTED BY P	ROJECT (C	itles, Counti	ies, Statos, etc.):		-		
Peredise, Magalla							
					14. CONGRESSI	ONAL DISTRICTS	OF:
13. PROPOSED PROJECT Start Date:	Ending	Date:			a. Applicant		b. Project
6/1/06	5/31/0	7			2	ION SUBJECT TO	REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:					ABBER 40070 01	300000	
a, Federal	5				THIC	つうきょうりょ (こるて)の	N/APPLICATION WAS MADE FATE EXECUTIVE ORDER 12372
			90,000		AVA	CESS FOR REVIE	W ON
b. Applicant	\$		90,000				
c. State	\$		do		DAT		
	o ·				PRO	GRAM IS NOT CO	VERED 8Y E. O. 12372
d. Local	\$				10. NO. 1971		
e. Other	\$		100				OT BEEN SELECTED BY STATE
( D	9		00		17. IS THE APP	LICANT DELINGU	ENT ON ANY FEDERAL DEBT?
f. Program Income	15		00		_		-
g. TOTAL	5		400.000		Yes If "Yes" a	allach an explanation	on. 🛮 🖾 No
14 TO THE BEST OF MY K	NOWI EDGI	AND BEL		AP	PLICATION/PREA	PPLICATION ARE	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
IDOCUMENT HAS BEEN DU	LY AUTHUR	くしんせい ロイ リ	HE GOACKHING BOD!	OF	THE APPLICANT	AND THE APPLIC	ANT WILL COMPLY WITH THE
ATTACHED ASSURANCES	IF THE ASS	ISTANCE IS	AWARDEN.				
a. Authorized Representative	Firet NE	ime	1/1	·	N.	liddle Name	
		Marc	/ /// A -	+		ullix	
Last Name Namanic		(		1			
b. Title		1		_	c	. Telephane Numbe 530-893-8732	9r (Bive area code)
Executive Director	arnesteth.		11 11 X TO THE	7		. Date Signed 2	122 /1
d. Signature of Authorized Re	ebreeevre(Inc	9		_	J	<u> </u>	123/06

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#### DART L. FACE SHEET

	PARTIT	MUL JIIL	land I				
APPLICATION FO	OR FEDERAL ASSISTA	NCE	TYPE OF SUBMISSION:     Non-Construction				
2a. DATE SUBMITTED TO CORPOR FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	ATION 3. DATE RECEIVED BY STATE:		STATE APPLICATION IDENTIFIER:				
02/16/06 2b. APPLICATION ID:	4. DATE RECEIVED:		GRANT NUMBER:				
25. APPLICATION 1D:	02/16/06						
5. APPLICATION INFORMATION	02.10.00						
		NAME AND COM	NTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER				
LEGAL NAME: City of Culver City DUNS NUMBER: 143740004		PERSON TO BE area codes):  NAME: Patricia	CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give				
ADDRESS (give street address, city,	, state and zip code):	il i	IMBER: (310) 253-6668				
4095 Overland Avenue Culver City CA 90232 - 0507	RECEIVED	FAX NUMBER:	NL ADDRESS: patricia mooney@culvercity.org				
6. EMPLOYER IDENTIFICATION NO	JMBER (AM): FEB 2 3 2000	T. TYPE OF APP	7. TYPE OF APPLICANT: 7a. Local Government - Municipal				
956000701 8. TYPE OF APPLICATION:	STATE CLEARING HOU	SE79. Local Govern	ment, Municipal				
X NEW	CONTINUATION						
REVISION  If Revision, enter appropriate letter(s	s) in box(es):		•				
	ase Award C. Increase Duration						
D. Decrease Duration		O NAME OF FE	DERAL AGENCY:				
·	·		tion for National and Community Service				
10b. TITLE: Retired and Senior Volu 12. AREAS AFFECTED BY PROJECT	T (List Cities, Counties, States, etc):	11. DESCRIPTIV	E TITLE OF APPLICANT'S PROJECT: RSVP				
The City of Culver City and surround	ding areas in the Los Angeles / West L.A. region.		·				
13. PROPOSED PROJECT: START I	DATE: 04/01/06 END DATE: 03/31/09	14. PERFORMAN	ICE PERIOD: START DATE: END DATE:				
15. ESTIMATED FUNDING:	•		ION SUBJECT TO REVIEW BY STATE EXECUTIVE				
a. FEDERAL	\$ 45,267.00	1 ' '	ORDER 12372 PROCESS?    X YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE				
b. APPLICANT	\$ 126,751.00	то тн	E STATE EXECUTIVE ORDER 12372 PROCESS FOR				
c. STATE	\$ 0.00	REVIE	14-FEB-06				
d LOCAL	\$ 126,751.00						
e. OTHER	\$ 0.00						
f. PROGRAM INCOME	\$ 0.00		CANT DELINQUENT ON ANY FEDERAL DEBT?				
g. TOTAL	\$ 172,018.00	☐ AF	S if "Yes," attach an explanation.				
18, TO THE BEST OF MY KNOWLED DULY AUTHORIZED BY THE GOVE IS AWARDED.	OGE AND BELIEF, ALL DATA IN THIS APPLICA RNING BODY OF THE APPLICANT AND THE	ATION/PREAPPLICAT APPLICANT WILL CO	TION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE				
a. TYPED NAME OF AUTHORIZED F	REPRESENTATIVE: b. TITLE: ACAO		c. TELEPHONE NUMBER: (310) 253-6007				
Poet-iii	• Fax Note 7671 Date 2/2	23/06 1/06 pages 0	d. DATE: 02/16/06				
	te Clearing house From P.	Mooney					
Co./Dep		of when lit	<u> </u>				
Phone #	-445-0613 Phone #	253-666	8				
Fax,#,,	2-323-3018 Fax#10-	253-66	66				
<u> </u>	2 0-0 0-10 1.410.						

P. 2 Version 7/03

APPLICATION FO	OR	DATE SUBMITTED			Ap.	ant Identifier		
FEDERAL ASSIST						_		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE		State A	pplication	n Identifier	
'pplication	Pre-application							
Construction	Construction	4. DATE RECEIVED B	Y FEDER	AL AGENCY	Federa	Identifier		
Non-Construction	Non-Construction				<u> </u>			
5. APPLICANT INFORMAT	ION		Ocaaniza	tional Unit:				
Legal Name: City of East Palo Alto				ent: Public Works				
Organizational DUNS: DUNS# 155104870			Ì	Engineering				
Address: City of East Palo	Alto			d telephone number on (give area code)	of pers	n to be co	ontacted on matters involving this	
Street: 2415 University Avenue			Prefix: M			First	Name: Anthony	
•						-   r		
City: East Palo Alto		Middle N	lame:			RECEIVED		
County: San Marco County			Last Nan	ns: Docto			FEB 2 4 2006	
State: California	Zip Code:	94303	Suffix: Ja	•			, == :	
Country: United States of	America		Email: ac	locto@cityofepa.or	Ē		STATE CLEARING HOUSE	
6. EMPLOYER IDENTIFICA	TION WIMBER COM		Phone N	umber (give area co	ode)	Fax	Number (give area code)	
9 9 2 9 1 1 8 2 6				3 <b>-31<i>5</i>9</b>		(650	) \$53-3179	
8. TYPE OF APPLICATION				(See ba		for Application Types)		
🛛 New	✓ ☐ Continuation	Revision						
If Revision, enter appropriate	letter(s) in box(es)		Municipa	al				
(See back of form for descript	ion of letters.)					,		
			Other (sp	ecify)				
'her ( specify)				E OF FEDERAL A				
10 CATALOG OF FEDERAL	DOMESTIC ASSISTA	VCE NUMBER:	11. DES	CRIPTIVE TITLE	OF APP	LICANT	'S PROJECT:	
TO CATALOG OF TENERAL			The City	of East Palo Alto	roposes	to comple	ete a Citywide Master Water Plan.	
			This plan	ı will be a blusprin	t of how	to meet the City's current and long-term ess of completing several water related		
TITLE (Name of Program); State and Tribal Assistance Gr	ลดธ		water no	eds. The City is in	the proq	Magrer F	Plan will tie together all of these	
12. AREAS AFFECTED BY	PROJECT (Cities, Coun	ties, States, etc):	efforts and fill informational gaps.			Securing a reliable water supply is a crucial		
East Palo Alto, California			component of the City's redevelop			ment efforts.		
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRIC a. Applicant			B OF: Anna Eschoo 14 th District b. Project		
Start Date:	Ending Date:		City of E	ast Palo Alto		City	wide Master Water Pian	
15. ESTIMATED FUNDING				PPLICATION SUG 12372 PROCESS?		) REVIE	W BY STATE EXECUTIVE	
	106.000		a. Yes	THIS PREAPI	LICAT	ON/APPI	LICATION WAS MADE	
b. Applicant \$	86,809				ATE EX	ECUTIVI	E ORDER 12372 PROCESS FOR	
c. State \$ d. Local \$	· · · · · · · · · · · · · · · · · · ·		REVIEV	V ON DATE:				
e. Other \$			b. No	PROGRAM I	у тои Е	OVERE	D BY E. O. 12372	
G. Out					M HAS	NOT BE	EN SELECTED BY STATE FOR	
f. Program Income \$			REVIEW	V HE APPLICANT I	ELINO	TENT ON	NANY FEDERAL DEBT?	
g. TOTAL S	192,809		☐ Yes!	lt""Yes" attach an e	xplanati	n.	⊠ No	
18. TO THE BEST OF MY K	NOWLEDGE AND BE	Lief, all data in th	IS APPLIC	ATION/PREAPPL	ICATIO	N ARE T	RUE AND CORRECT. THE	
DOCUMENT HAS BEEN DU ATTACHED ASSURANCES			DY OF THI	E APPLICANT AN	DIHE	APPLICA	ANT WILL COMPLY WITH THE	
a. Authorized Representative	II THE RESIDIRATED	IS A WARDED.			<u>-</u>			
Prefix Fig.	st Name			Middle Name D.				
Mr. Alv Last Name	7.531			Sutfix				
James . b. Title				c. Telephone Nu	mbar (al	/B 2500 00	(Ab)	
y Manager		_ /		(650) 853-3100	moei (gi	Le siles Co	, ee,	
signature of Authorized Be				e. Date Signed				
fly Life	er flower	- Space		June 23, 2005				
Previous Edition Usable Authorized for Local Reprodu	ction						tandard Form 424 (Rev. 9-2003) escribed by QMB Circular A-102	

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APPLICATION F		po mass		2. DATE SUBMITTED	ry 17, 2006		icant Iden	tifier	version 7/03	
FEDERAL ASSIS		<b>.</b>	•	3. DATE RECEIVED BY STA	-		State Applicati	on Identifier		
		D					Otate Applicati	on identifier		
Application Construction		Preapplication  Constructi	on	4. DATE RECEIVED BY FED	DERAL AGENCY		Federal Identif			
	DMATIO	☐ Non-Const	ruction					03-06-022	6	
Legal Name:	JAWATIO	, IA			Organizationa	al Unit			<del></del>	
City of San Jose	9						Y. Minet	a San Jose II	nternational	
Organizational DUNS: (	0635418	374			Division:					
Address:					Name and telephone number of person to be contacted on					
Street: 1732 North F	-irst Stree	et, Suite 600		CEIVED	<b> </b>	~ <del>~~~</del>	application (give area code)			
					Prefix: <b>Ms</b>	Fi	rst Name: I	Lilian		
City: San Jose			F	EB 2 4 2006	Middle Name:	Middle Name: S				
County: Santa Clara	·		STATE	CLEARING HOUSE	Last Name: R	amirez				
State: California Zip Code: 95112					Suffix:					
Country: USA				7 - 1 No.	Email: Iramire	z@sjc.org	3			
6. EMPLOYER IDEN	TIFICATION	ON NUMBER	Ξ/N <b>)</b> :		Phone number	(give area	code):	FAX number (gi	ve area code):	
		0 4 1	9			501-7663			3-1677	
8. TYPE OF APPLICATI					7. TYPE OF A	PPLICAN	Γ: (See back	of form for Applic	ation Types)	
If Revision, enter appropri		Continuation	Revis	sion	Other (specify)	J .				
(See back of form for des		9. NAME OF F								
Other (specify)					DOT- Feder					
10. CATALOG OF F	FDFRAI	DOMESTIC AS	CCICTANO	'E MUMDED	i e			ICANT'S PROJE e and Fire Fig		
TO OMINEGO OF TH		2	0 _	1 0 6	(ARFF) veh		iit ixescu	e and rife ri	grung	
TITLE:				.   0   0						
12. AREAS AFFECT	ED BY P	ROJECT (cities	counties	tates etc.):	-					
San Jose, Califo		(0,1100,	ocamico, o	iaica, cic.j.		*				
13. PROPOSED PRO					14. CONGRES	SIONAL E	DISTRICTS	OF		
Start Date	-			nding Date	a. Applicant			b. Project		
July 1, 20			June	∋ 30, 2008	15th	ATION OIL	D IFOT TO	15th		
10. LOTIMATED TON	DING				EXECUTIVE OF	ATION SU RDER 123	72 PROCES	REVIEW BY STA	XIE	
a. Federal	\$		1,0	00,000 .00	a. Yes. 🛛 TH	IS PREAPP	LICATION/AF	PPLICATION WAS N		
b. Applicant	\$		2	50,000 .00			R REVIEW O	E EXECUTIVE ORD N	ER 12372	
c. State	\$		***************************************	.00	DA	TE: <b>02/17</b>	7/06			
d. Local	\$	-		.00	b. No. 🗆 PR	OGRAM IS	NOT COVER	ED BY E. O. 12372		
e. Other	\$			.00		PROGRAM	1 HAS NOT B	EEN SELECTED BY	STATE FOR	
f. Program income	\$			.00			LINQUENT	ON ANY FEDERA	L DEBT?	
g. TOTAL	\$			50,000 ^{.00}	☐Yes If "Yes" a			⊠ N		
18. TO THE BEST OF	F MY KNO	OWLEDGE AN	D BELIEF	, ALL DATA IN THIS A	PPLICATION/PR	EAPPLICA	ATION ARE	TRUE AND COR	RECT, THE	
ATTACHED ASSURA	NCES IF	THE ASSISTA	NCE IS A	GOVERNING BODY O	F THE APPLICAN	II AND II	IE APPLICA	ANT WILL COMP	LY WITH THE	
<ul> <li>a. Authorized Representa</li> </ul>	ative									
Prefix Ms.		First Name	Deanna			Middle N	lame			
Last Name Santana						Suffix				
b. Title Deputy Cit		•				1	hone numbe 5 <b>5-8280</b>	er (give area code	:)	
d. Signature of Author	zed Bepr	esentative		R		e. Date	<del></del>	V		
Previous Editions Not Use Authorized for Local Repre		· .					-116/6		24 (Rev.9-2003) MB Circular A-102	

APPLICATION FOR			O DATE OUDINITIES				Version 7/03	
FEDERAL ASSISTANCE			2. DATE SUBMITTED February 27, 2005		Appl	icant Iden	tifier	
1. TYPE OF SUBMISSION: Application	Pre-applicat	ion	3. DATE RECEIVED BY	STATE	State	State Application Identifier		
Construction	Construc		4. DATE RECEIVED BY	FEDERAL AGE	NCY Fede	Federal Identifier		
Non-Construction	Non-Cons							
5. APPLICANT INFORMATION								
Legal Name:	g-see	WARE THE RESERVE OF THE PERSON NAMED IN	No. of Street,	Organizational Department:	al Unit:			
County of Imperial				Airport		·····		
Organizational DUNS:		H H Barrer	0.00	Division:				
Address: Street:		FE	B 2 7 7006	Name and tele			son to be contacted on matters	
1099 Airport Road				Prefix:	First	Name:	2 0000)	
City: Imperial		STATE	CLEARING HOUSE	Middle Name	Step	ohen		
Imperial County:			(1975年) 1975年 1	Last Name				
Imperial				Last Name Birdsall				
State: CA	Zip Code 92251			Suffix:			·	
Country: USA			W. M. W.	Email: stephenbirdsa		nunty net		
6. EMPLOYER IDENTIFICATIO	N NUMBER (	EIN):		Phone Numbe			Fax Number (give area code)	
95-6000924	]			(760) 482-431	4		(760) 355-2485	
8. TYPE OF APPLICATION:	1			7. TYPE OF A	PPLICANT:	(See back	of form for Application Types)	
✓ Nev		ntinuatio	n 🔲 Revision	C.				
If Revision, enter appropriate lett (See back of form for description	s) 		Other (specify)					
Other (specify)			9. NAME OF F Federal Aviation					
10. CATALOG OF FEDERAL D	OMESTIC A	SSISTANC	E NUMBER:	11. DESCRIPT	TIVE TITLE C	OF APPLIC	CANT'S PROJECT:	
	Airport Improvement Program (AIP)					2006 Entit	lement Grant Application	
12. AREAS AFFECTED BY PR	•	s, Counties	s, States, etc.):					
Imperial, CA / Imperial County, C	JA 			14 CONGRES	SCIONAL DIS	TDICTE (	)E:	
Start Date:	Ending Da	te:	*	14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project				
03/06 15. ESTIMATED FUNDING:	09/30/06			#51	NATION CUD		#51 REVIEW BY STATE EXECUTIVE	
	·		00	<b>ORDER 12372</b>	PROCESS?			
a. Federal \$			500,000				APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$			26,315	PF	ROCESS FO	REVIEW	/ ON	
c. State \$			00	DA	ATE: Februa	ry 2005		
d. Local \$			.00	b. No. 🖂 PF	ROGRAM IS	NOT COV	ERED BY E. O. 12372	
e. Other \$			.00	_	R PROGRAM	I HAS NO	F BEEN SELECTED BY STATE	
f. Program Income \$		***************************************	.00		OR REVIEW PPLICANT DI	ELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$			526,315 ·	Yes If "Yes	s" attach an e	xolanation	. 🛭 🗷 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	AUTHORIZEI	BY THE	, ALL DATA IN THIS APP GOVERNING BODY OF	PLICATION/PRE	APPLICATION	ON ARE T	RUE AND CORRECT. THE	
a. Authorized Representative		110E 13 A	YYARDED.					
Prefix Mr.	First Name Stephen				Middle Name	•		
Last Name Birdsall					Suffix			
b. Title Airport Director	2	)			c. Telephone (760) 482-43		give area code)	
d. Signature of Authorized Repre	sentalive				e. Date Sign		1 Feb 06	
Previous Edition Usable Authorized for Local Reproductio	n .				***************************************		Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

Authorized for Local Reproduction

APPLICATION FOR					Version 7/03		
FEDERAL ASSISTANCE		2. DATE SUBMITTED March 1, 2006		Applicant Identifier 95-6000696			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE		State Application Identifier		
Construction	Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier			
☑ Non-Construction	Non-Construction			95-6000696			
5. APPLICANT INFORMATION			Ta				
Legal Name:			Organizational Unit: Department:				
City of Compton		and the state of t	Water Department				
Organizational DUNS: 076248335	DECE	:IVED	Division: n/a				
Address:		e I V Issue Issue	Name and telephone number of person to be contacted on matters involving this application (give area code)				
Street: 205 South Willowbrook Avenue	FEB 2	7 2006	Prefix:	First Name: Kambiz	a code)		
City:   Compton		Middle Name					
County: Los Angeles	STATE CLEA	RING HOUSE	Last Name Shoghi				
State: California	Zip Code 90220		Suffix:				
Country: United States			Email: kshoghi@comptonci	ly.org			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give a	area code)	Fax Number (give area ∞de)		
95-6000696			(310) 605-6242		(310) 605-0663		
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)		
V New		n 🗀 Revision	C. Municipal				
If Revision, enter appropriate lette (See back of form for description			Other (specify)				
Other (specify)		9. NAME OF FEDER Environmental Protect					
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TO		CANT'S PROJECT:		
		66-606			ne city of Compton's water		
TITLE (Name of Program):			infrastructure system				
Water Infrastructure Project  12. AREAS AFFECTED BY PRO	OJECT (Cities Counties	States etc.):					
City of Compton	SEEST (OMOS, COSMISS	, otalog, otery.					
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	Y		
Start Date:	Ending Date: 4/1/08		a. Applicant 37th		b. Project B7th		
15. ESTIMATED FUNDING:	47 1700				REVIEW BY STATE EXECUTIVE		
a. Federal S		4 000 000	THIS PR	EAPPLICATION	I/APPLICATION WAS MADE		
b. Applicant \$		1,606,000		ILE TO THE ST. SS FOR REVIEV	ATE EXECUTIVE ORDER 12372 V ON		
c. State \$		2,428,900	DATE:				
Prop. 13 d. Local \$		2,428,900	b. No. TO PROGRA	M IS NOT COV	ERED BY E. O. 12372		
e. Other \$		·	OR PRO		T BEEN SELECTED BY STATE		
f. Program Income \$		.00	17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		4,034,900	Yes If "Yes" attack	h an explanation	ı. 🖾 No		
18. TO THE BEST OF MY KNOWN DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	ALL DATA IN THIS AP	PLICATION/PREAPPLI THE APPLICANT AND	CATION ARE 1 THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE		
a. Authorized Representative		TAINULU.					
Prefix	First Name Barbara			Name			
Last Name Kilroy			Suffix				
b. Title City Manager	1.0			phone Number 605-5585	(give area code)		
d. Signature of Authorized Repres	sentalis			e Signed			
Previous Edition Usable		•	44.2710		Standard Form 424 (Rev.9-2003)		
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APPLICATION FOR FEDERAL ASSISTANCE	E		2. DATE SUBMITTE	D	Applican	Version 7/6			
1. TYPE OF SUBMISSION:			3. DATE RECEIVED		, ,				
Application	Pre-a	pplication				State Application Identifier			
Construction		nstruction	4. DATE RECEIVED	BY FEDERAL A	SENCY Federal	ldentifier			
Non-Construction 5. APPLICANT INFORMATIO	∐⊡Nor N	1-Construction							
Legal Name:				Organizatio	nal Unit:				
The Regents of the University	of Califor		EDWARD E N. A. SERVICE SPACE	Department:	farine Sciences				
Organizational DUNS: 12-508-4723		REC	EIVED	Division:	·				
Address:			0.0000		Biological Science	of person to be contacted on matters			
Street:		FEB	2 8 2006	involving th	this application (give area code)				
1156 High Street				Ms Prefix:	Prefix: First Name: Ms Lynne				
City: Santa Cruz	uz STATE CLEARING			Middle Name					
County: Santa Cruz		AND DESCRIPTION OF THE PARTY OF	A STANCE OF THE PERSON OF THE	Last Name VanDerKamp	`				
State: CA	Zip Co	de		Suffix:	,				
Country:	95064	}		Email:					
USA	SNI NILIBA	DED (CAN)		Lvan@ucsc.					
6. EMPLOYER IDENTIFICATION NUMBER (EIN):				1	er (give area code)	Fax Number (give area code)			
94-1539563 8. TYPE OF APPLICATION:				831,459.157		831.459.5353			
Ne  If Revision, enter appropriate let	ter(s) in I	Continuation	n Revision			e back of form for Application Types)			
(See back of form for description	ı or letter	·s.)		Other (specify	')				
Other (specify)				NOAA	FEDERAL AGENC				
10. CATALOG OF FEDERAL	DOMES	TIC ASSISTANC	E NUMBER:	1		PPLICANT'S PROJECT:			
TITLE (Name of Program): Coastal Zone Management Est	uarine R	esearch Reserve	11-420 s	scales: A stu	ng and explaining in dy of the European vaded ranges	vasion variation al multiple spatial green crab Carcinus maenas in its			
12. AREAS AFFECTED BY PR	OJECT	(Cities, Counties,	States, etc.):						
Watsonville, Monterey Co., CA  13. PROPOSED PROJECT									
Start Date:	Endir	ng Date:		a. Applicant	SSIONAL DISTRIC	b. Project			
6/1/06	5/31/		· ·	17		17			
15. ESTIMATED FUNDING:					CATION SUBJECT 2 PROCESS?	TO REVIEW BY STATE EXECUTIVE			
a. Federal \$			20,000	- V- 17. T	HIS PREAPPLICAT	TION/APPLICATION WAS MADE			
b. Applicant \$			00		ROCESS FOR RE	E STATE EXECUTIVE ORDER 12372 VIEW ON			
c. State \$			8,572		ATE: 2/28/06				
d. Local \$									
	_		•	D. NO. 111		COVERED BY E. O. 12372			
e. Other \$			.00	C	R PROGRAM HAS OR REVIEW	NOT BEEN SELECTED BY STATE			
f. Program Income \$			.00			QUENT ON ANY FEDERAL DEBT?			
g. TOTAL \$			28,572 ·	☐ Yes If "Ye	s" attach an explana	atlon. 🛂 No			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHOR	RIZED BY THE G	OVERNING RODY O	PPLICATION/PRI F THE APPLICAN	EAPPLICATION AF NT AND THE APPL	RE TRUE AND CORRECT. THE LICANT WILL COMPLY WITH THE			
<ul> <li>a. Authorized Representative</li> </ul>			VARUEU,						
Prefix Ms	First Na Lynne	ime			Middle Name L				
Last Name VanDerKamp			$\bigcirc$		Suffix				
o. Title Sr. Research Administrator		/ //			c. Telephone Num 831.459.1574	nber (give area code)			
I. Signature of Authorized Repre	sentative	·(/)	NO		e. Date Signed	Ledie			
Previous Edition Usable		- you	WW HOL		· ~	Standard Form 424 (Rev,9-2003)			
Authorized for Local Reproductio	n		`			Prescribed by OMB Circular A-102			

APPLICATION FOR					Version 7/03		
FEDERAL ASSISTANCE		2. DATE SUBMITTED 02/23/2006		Applicant Iden	Applicant Identifier		
1. TYPE OF SUBMISSION:	D ! !	3. DATE RECEIVED B	Y STATE	State Applicati	State Application Identifier		
Application	Pre-application	4. DATE RECEIVED B	Y FEDERAL AGE	NCY Federal Identif	Federal Identifier		
Construction Non-Construction	☐ Construction ☐ Non-Construction						
5. APPLICANT INFORMATION	- Non-Construction	1					
Legal Name:			Organizationa	al Unit:	9-10-4-10-00-00-00-00-00-00-00-00-00-00-00-00-		
WEST ENTERPRISE CENTER,	INC		Department:				
Organizational DUNS: 794310870			Division:				
Address:	processing and the second seco	and the second s			rson to be contacted on matters		
Street:	BEC	EIVED	Prefix:	involving this application (give area code)  Prefix: First Name:			
760 B STEWART ST				PAMELA			
City: FORT BRAGG	FEB	2 8 2006	Middle Name NMN				
County: MENDOCINO	1	1	Last Name PATTERSON				
State: CA	Zip Code 95437 STATE C	LEARING HOUSE	Suffix:				
Country: USA	And the state of t		Email: PAMELA@WI	ESTCOMPANY.ORG			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		_	r (give area code)	Fax Number (give area code)		
68-0264466		707-964-7571		707 964-7576			
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See bacl	of form for Application Types)		
☑ Nev		n 🔲 Revision	O. NOT FOR F	O. NOT FOR PROFIT ORGANIZATION			
If Revision, enter appropriate lette (See back of form for description		parameter	Other (specify)				
			O NAME OF F	TERERAL AGENOV			
Other (specify)			UNITED STAT	EDERAL AGENCY: ES DEPARTMENT OF			
10. CATALOG OF FEDERAL D	OOMESTIC ASSISTANC	CE NUMBER:		TIVE TITLE OF APPLI			
TITLE (Name of Program)		10-769	COUNTY AND	COUNTY OF MENDO			
TITLE (Name of Program): USDA RURAL BUSINESS ENT					CE AND TRAINING TO AND SMALL BUSINESSES TO		
12. AREAS AFFECTED BY PRO	•	•	CREATE AND	RETAIN JOBS.			
Cities of Fort Bragg, Point Arena	a, Willits, Ukiah AND CC	OUNTY OF MENDOCING					
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SSIONAL DISTRICTS	<b>OF:</b>   b. Project		
MAY 2006	MAY 2007		FIRST		FIRST		
15. ESTIMATED FUNDING:			16. IS APPLIC ORDER 12372		REVIEW BY STATE EXECUTIVE		
a. Federal \$		90,000	IA YES W		I/APPLICATION WAS MADE		
b. Applicant \$		10,000	A\	ROCESS FOR REVIEW	ATE EXECUTIVE ORDER 12372 V ON		
c. State \$		113,000	DA	ATE: 2/23/2006			
d. Local \$		.00	b. No. 🔲 PF	ROGRAM IS NOT COV	ERED BY E. O. 12372		
e. Other \$		. 00		R PROGRAM HAS NO OR REVIEW	T BEEN SELECTED BY STATE		
f. Program Income \$		.00			NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		213,000	Yes If "Yes	" attach an explanatior	n. 🗷 No		
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	·					
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	<b>AUTHORIZED BY THE</b>	<b>GOVERNING BODY O</b>					
a. Authorized Representative		TTANDED.					
Prefix	First Name PAMELA			Middle Name NMN			
Last Name PATTERSON	1			Suffix			
b. Title				c. Telephone Number	(give area code)		
CHIEF EXECUTIVE OFICER, d. Signature of Authorized Repres	rantativa		1000	707-964-7571 e. Date Signe	- 1.1		
d. Signature of Authorized Replie	sentative			e. Date Signed	2/06		

APPLICATION F FEDERAL ASSI		CE	2. DATE SUBMITTED February	21, 2006	Applicant Identifier	OMB Approval No. 0348-004
TYPE OF SUBMISSION Application	Prea	oplication	3. DATE RECEIVED B	Y STATE	State Applicant Identifier	
☐ Construction	☐ C	onstruction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
☑ Non-Construction		on-Construction				
5. APPLICANT INFORMATION						
		unity College Dis	trict	Organizational Unit:	University Center Export Pro	gram
Address (give city, county, st		•		Name and telephone application (give are	number of person to be contact	cted on matters involving this
Fresno, CA 93710			CEIVED	Candy Hansen	Gage, Project Director, Un	iversity Center Export Progran
6. EMPLOYER IDENTIFICA	TION NUM	BER (EIN):	B 2 8 2006		SANT: (enter appropriate lett	
9 4 - 1 5	7 4	1 8 0 2	CLEARING HOU	l boxi	H. Independent Scho	
8. TYPE OF APPLICATION:		SIAIL		B. County C. Municipal		nstitution of Higher Learning
Competitive x New Continuation ☐ Revision  D. Township K. Indian Tribe E. Interstate L. Individual						·
If Revision, enter appropriate	letter(s) in i	pox(es):		<ul><li>F. Intermunicipal</li><li>G. Special District</li></ul>	The state of the s	1
A. Increase Award	B. Decre	ase Award C. I	ncrease Duration			**************************************
D. Decrease Duration	Other (s)	pecify):		9. NAME OF FEDER	AL AGENCY:	, , , , , , , , , , , , , , , , , , , ,
	<del></del>				U.S. Department of Co	
10. CATALOG OF FEDERAL	DOMEST	IC ASSISTANCE N	UMBER:	11 DESCRIPTIVE T	Economic Development Ac	Iministration
	Γ		<del>- 1. 1 - 1 - 1</del>	*	ITLE OF APPLICANT'S PROJ	ECT:
TITLE: Economic Devel	opment -	1 1 1 Technical Assista	3 0 3		ter Export Program	
12. AREAS AFFECTED BY PROJ				rechnical Assis	stance - University Center F	Program
	See Attach					
3. PROPOSED PROJECT:		<del></del>	ONAL DISTRICTS OF	:		
Start Date Ending D	ate	a. Applicant	•	b. Project		
7/1/2006 6/30/2	2009	19th		3; 15-20; 37	⁷ & 45	
5. ESTIMATED FUNDING:	· ·			16. IS APPLICA	TION SUBJECT TO REVIEW	BY STATE EXECUTIVE
. Federal	\$	. •	540,721.00	ORDER 123	72 PROCESS? S PREAPPLICATION/APPLICA	•
. Applicant	\$		425,275.00	į AVA	ALABLE TO THESTATE EXECUTED ON:	CUTIVE ORDER 12372
. State	\$		.00	. DAT	TE 2/21/06	
. Local	\$		.00	b. NO. 🗆	PROGRAM IS NOT COVERI	ED BY E.O. 12372
Other	\$		.00		OR PROGRAM HAS NOT BI	
Program Income	\$		.00.	47 10 707		
. TOTAL	\$		965,996.00	☐ Yes	LICANT DELINQUENT ON AN If "Yes," attach an explanation	NY FEDERAL DEBT?
3. TO THE BEST OF MY KN EEN DULY AUTHORIZED BY NISTANCE IS AWARDED.	OWLEDGE THE GOV	E AND BELIEF, AL /ERNING BODY O	L DATA IN THIS APF F THE APPLICANT A	LICATION/PREAPPLI ND THE APPLICANT	CATION ARE TRUE AND CO WILL COMPLY WITH THE AT	RRECT. THE DOCUMENT HAS TACHED ASSURANCES IF THE
Typed Name of Authorized F		tive	b. Title			c. Telephone number
Signature of Authorized Rep			1 010	o Chancellor FI	nance & Admin.	(559) 244-5910
- fram	1 Po					e. Date Signed
is Editions Usable sproduction	V					Standard Form 424 (REV. 4-92)Authorized for Prescribed by OMB Circular A-102

Revised 5/7/01

## PART I - FACE SHEET

APPLICATION FOR FE	DERAL ASSISTAN	ICF	1, TYPE OF SUBMISSION:	
ATEICATIONTONTE	DEINAL ABGIOTAL		Non Construction	
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:		STATE APPLICATION IDENTIFIER:	
01/25/06	-			
2b. APPLICATION ID:	1 SECFIVED		GRANT NUMBER:	
06SC058352	014:50			
5. APPLICATION INFORMATION	FEB 2 8 2006		TACT INFORMATION FOR PROJECT DIRECTOR OR OTHER	
LEGAL NAME: Pomona Valley Community Service	s I LD 20 2		TACT INFORMATION FOR PROJECT DIRECTOR OR OTHER CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give	
DUNS NUMBER: 126436013	OTATE OF EARING HOLL	eneli codes).	;	
ADDRESS (give street address, city, state and	STATE CLEARING HOU			
2120 Pootbill Blvd	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	1	VBER: 909-393-7511	
Svite 115		FAX NUMBER: 90	· · · · · · · · · · · · · · · · · · ·	
La Verne CA 91750 - 2941		INTERNET E-MAI	L ADDRESS: cssmlemer@linkline.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN	<b>v</b> ):	7 TYPE OF APPL	ICANT:	
953100466		7a. Non-Profit		
8. TYPE OF APPLICATION:		7b. Community-Ba	sed Organization	
	ATON			
X NEW CONTINU	ATION			
REVISION	(			
If Revision, enter appropriate letter(s) in box(es)	ı: <u>                                    </u>			
A. Increase Award B. Decrease Award	C. Increase Duration			
D. Decrease Duration				
		9. NAME OF FED	ERAL AGENCY:	
		Corporation for National and Community Service		
		<del>                                     </del>		
10a, CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94,016			TITLE OF APPLICANTS PROJECT:	
10b. TITLE: Senior Companion Program		Pornona Valley SCP		
12. AREAS AFFECTED BY PROJECT (List Cities	es, Counties, States, etc):			
•				
			A 11 (MINISTER )	
13. PROPOSED PROJECT; START DATE: 04/0	1/06 END DATE: 03/3)/09	14. PERFORMAN	CE PERIOD: START DATE: END DATE:	
15, ESTIMATED FUNDING:	110 11 CHISTONIA	16. IS APPLICATI	ON SUBJECT TO REVIEW BY STATE EXECUTIVE	
a. FEDERAL	\$ 201,197.00	ORDER 12372 PF	ROCESS?	
		YES, THIS P	REAPPLICATION/APPLICATION WAS MADE AVAILABLE : STATE EXECUTIVE ORDER 12372 PROCESS FOR	
b. APPLICANT	\$ 30.627.00	REVIE		
c. STATE	\$ 0.00	DATE:		
d. LOCAL	\$ 30,627.00			
e. OTHER	\$ 0.00			
	3 000	17 IS THE APPLI	CANT DELINQUENT ON ANY FEDERAL DEBT?	
f. PROGRAM INCOME	\$ 0.00		S if "Ves," attach an explanation.	
g. TOTAL	S 251.824.00		TOWN OF TOUR AND CORDECT YNG COCUMENT HAS REEN	
18, TO THE BEST OF MY KNOWLEDGE AND B DULY AUTHORIZED BY THE GOVERNING BO IS AWARDED.	BELIEF, ALL DATA IN THIS APPLICAT DOY OF THE APPLICANT AND THE A	PPLICANT WILL CO	TON ARE TRUE AND CORRECT, THE COCUMENT HAS BEEN DMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE	
a. TYPED NAME OF AUTHORIZED REPRESE	NTATIVE: b. TITLE;		c. TELEPHONE NUMBER:	
Roberta Hill	President/CEO		909-593-7511	
			d. DATE:	
			01/25/06	
			Y .	



FTA

**U.S. Department of Transportation** 

**Federal Transit Administration** 

## **Application for Federal Assistance**

Recipient ID:	1647
Recipient Name:	CITY OF CULVER CITY
Project ID:	CA-90-Y445
Budget Number:	1 - Budget Pending Approval
Project Information:	Preventative Maintenance; AVL; COPs

## **Part 1: Recipient Information**

Project Number:	CA-90-Y445
Recipient ID:	1647
Recipient Name:	CITY OF CULVER CITY
Address:	4343 Duquesne Avenue, CULVER CITY, CA 90232 3576
Telephone:	(310) 253-6543
Facsimile:	(310) 253-6513

## **Union Information**

Recipient ID:	1647
Union Name:	CULVER CITY EMPLOYEES ASSOCIATION
Address 1:	9505 W. Jefferson Blvd.
Address 2:	
City:	Culver City, CA 90232
Contact Name:	Ed Escarcega
Telephone:	(310) 253-6432
Faccimila	
Facsimile:	
E-mail:	ed.escarcega@culvercity.org

# RECEIVED FEB 2 8 2006 STATE CLEARING HOUSE

## Part 2: Project Information

Project Type:	Grant	Gross Project	\$4,170,801
Project Number:	CA-90-Y445	Cost:	00
	Preventative Maintenance; AVL; COPs	Adjustment Amt:	\$0
Project Description:		Total Eligible Cost:	\$4,170,801
		•	

Recipient Type:	City
FTA Project Mgr:	J. Ottomanelli, 213.202.3957
Recipient Contact:	Andre Colaiace, 310.253.6543
New/Amendment:	None Specified
Amend Reason:	Initial Application
Fed Dom Asst. #:	20507
Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	Jul. 01, 2005 - Dec. 01, 2007
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Nov. 08, 2005
Program Page:	6-7
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

Total FTA Amt:	\$3,336,64	1
Total State Amt:	\$	0
Total Local Amt:	\$834,16	0
Other Federal Amt:	\$	0
Special Cond Amt:	\$	0
Special Condition:	None Specified	
S.C. Tgt. Date:	None Specified	
S.C. Eff. Date:	None Specified	
Est. Oblig Date:	None Specified	
Pre-Award Authority?:	Yes	
Fed. Debt Authority?:	No	
Final Budget?:	No	

#### **Urbanized Areas**

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

## **Congressional Districts**

State ID District Code		District Official	
6	33	Diane E Watson	

#### **Project Details**

The total Federal Section 5307 funding requested in this grant is \$3,336,641.

5307 funding fiscal years are broken down as follows and are based on balances kept by the Los Angeles MTA.

FY 04 \$1,535,635 FY 05 \$1,801,006

Per the DOL checklist, Culver City Municipal Bus Lines is the recipient of these funds. The amount and type of funding is listed above and the propose activities are listed below. The projects will be carried out in the City of Culver City, CA by

Culver City Municipal Bus Lines. The Culver CityBus service area is also served by Tomance Transit, Santa Monica's Big Blue Bus,LACMTA and the Green Line Shuttle Service. Culver City's employees are represented by the Culver City Employees Association.

1) The City is requesting \$800,000 in federal assistance to aid in the completion of its Automatic Vehicle Locator (AVL) project. This communications project will include passenger counters, voice annunicators, and security devices. The City will implement this ITS project to be consistent with the National/Regional ITS architecture and has utilized a systems engineering process in its development. This project also received funding in Grants CA-90-Y189 and CA-90-Y079. TIP ID#LAOD354.

The funding is as follows:

FY 05 FTA Section 5307 \$800,000 Local MTA MOSIP \$200,000

2) Culver CityBus has issued Certificates of Participation (COPS) for our administrative, operations and maintenance bus facility. Culver CityBus has designated future FTA Section 5307 funds to pay the COPs. This application will fund Culver CityBus payments for June, 2006 and January, 2007. TIP ID#LA52101.

The funding is as follows:

FY 04 FTA Section 5307 \$810,000 Local In Kind Contribution \$202,500

3) This grant will also include a request for Section 5307 funds for preventative maintenance during the FY 06 fiscal year. Per FTA requirements, the City will allocate a total of \$1,726,641 matched with \$431,660 in local funds. TIP ID#LA0B358.

Funding is as follows:

FY 04 FTA Section 5307 \$725,635 FY 05 FTA Section 5307 \$1,001,006 Local Proposition A Funds \$431,660

Culver CityBus' service area encompasses Culver City and the communities of Blair Hills, Century City, Marina Del Rey, Mar Vista, Palms, Rancho Park, Venice, West Los Angeles, and Westwood. Its service area covers approximately 40 square miles and serves a population of just under 300,000. Culver CityBus served over 5 million passengers in 2005.

### Part 3: Budget

**Project Budget** 

Tojos: Buago.	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
117-00 OTHER CAPITAL ITEMS (BUS)	0	\$1,726,641.00	\$2,158,301.00
ACTIVITY			
11.7A.00 PREVENTIVE MAINTENANCETIPID#LA0B358	0	\$1,726,641.00	\$2,158,301.00
SCOPE			
114-00 BUS: SUPPORT EQUIP AND FACILITIES	0	\$810,000.00	\$1,012,500.00
ACTIVITY			
11.46.03 LEASE ADMIN/MAINT FACILITY TIP#LA52101	0	\$810,000.00	\$1,012,500.00
SCOPE			
993-00 FLEET MANAGEMENT	0	\$800,000.00	\$1,000,000.00

ACTIVITY		1	
11.62.02 PURCHASE COMMUNICATIONS SYSTEM TIPID#LAOD354	0 \$80	0,000.00 \$1,0	000,000.00
	Estimated Total Eligib	ole Cost: \$4,1	70,801.00
	Federa	al Share: \$3,3	336,641.00
	Loca	al Share: \$8	334,160.00

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

#### **Extended Budget Descriptions**

11.7A.00	PREVENTIVE MAINTENANCETIPID#LA0B358	0	\$1,726,641.00	\$2,158,301.00
This grant v Per FTA re ID#LA0B35	will also include a request for Section 5307 funds for prever quirements, the City will allocate a total of \$1,726,641 mate 88.	ntative mair ched with \$4	ntenance during the F 431,660 in local funds	Y 06 fiscal year. s. TIP
Funding is	as follows:			
FY 05 FTA	Section 5307 \$725,635 Section 5307 \$1,001,006 osition A Funds \$431,660			
			<b>***</b>	04.040.500.00
11.46.03	LEASE ADMIN/MAINT FACILITY TIP#LA52101	0	\$810,000.00	\$1,012,500.00

Culver CityBus has issues Certificates of Participation (COPS) for our administrative, operations and maintenance bus facility. Culver CityBus has designated future FTA Section 5307 funds to pay for the COPS. This application will fund Culver CityBus payments for June, 2006 and January, 2007 which are the 10th and 11th years of a 20-year COP. This COP began on January 1, 1997.

The facility is located on 3.96 acres in Culver City worth \$3,900,000. This real estate value is the in-kind local match for all COP payments through 2016.

The final maturity date of the COPS is January 1, 2016. Culver CityBus makes two payments per each fiscal year, one in July and one in January. Payments of principal and interest are paid annually. TIP ID#LA52101.

Funding is as follows:

FY 04 5307 \$810,000 Local In-Kind Contribution \$202,500

p.				
11.62.02	PURCHASE COMMUNICATIONS SYSTEM TIPID#LAOD354	0	\$800,000.00	\$1,000,000.00

The City is requesting further federal assistance to complete the funding package for its procurement of an Automated Vehicle Locator System (AVLS).

TIP ID#LA0D354

The funding is as follows:

FY 05 FTA Section 5307 \$800,000 Local MTA MOSIP \$200,000

## Changes since the Prior Budget

Unable to find change amount information.

#### Part 4. Milestones

11.7A.00	PREVENTIVE MAINTENANCETIPID#LA0B358	0	\$1,726,641	\$2,158,301
----------	-------------------------------------	---	-------------	-------------

	Milestone Description	Est. Comp. Date
1.	Maintenance Starts	Jul. 01, 2005
2.	Maintenance Ends	Jun. 30, 2006

## **11.46.03** LEASE ADMIN/MAINT FACILITY 0 \$810,000 \$1,012,500 TIP#LA52101

	Milestone Description	Est. Comp. Date
1.	June, 2006 Payment	Jul. 01, 2006
2.	January, 2007 Payment	Jan. 15, 2007

## **11.62.02** PURCHASE COMMUNICATIONS SYSTEM 0 \$800,000 \$1,000,000 TIPID#LAOD354

Milestone Description	Est. Comp. Date
1. RFP/IFB Issued	Aug. 05, 2004
This milestone has been completed.	
2. Contract Award	Aug. 08, 2005
3. Contract Complete	Mar. 01, 2006

## Part 5. Environmental Findings

TIP#LA52101

n

\$810,000

\$1,012,500

#### Finding No. 1 - Class II(d)

#### D08 - Construction of new bus storage

Construction of new bus storage and maintenance facilities in areas used predominantly for industrial or transportation purposes where such construction is not inconsistent with existing zoning and located on or near a street with adequate capacity to handle anticipated bus and support vehicle traffic.

Finding Details:

This grant is strictly for the purpose of making lease payments to the bank. The process in which the wire payments occurs poses no environmental threats.

The environmental clearance date for the construction of the transit facility for which the lease payments are being made is December 4, 1995 and the appropriate documentation was submitted with the initial Grant CA-90-X489.

**116202** PURCHASE COMMUNICATIONS SYSTEM TIPID#LAOD354

0 \$8

\$800,000

\$1,000,000

#### Finding No. 1 - Class II(c)

#### C19 - Install purchase maintenance equipment

Purchase and installation of operating or maintenance equipment to be located within the transit facility and with no significant impacts off the site.

117A00 PREVENTIVE MAINTENANCETIPID#LA0B358

0

\$1,726,641

\$2,158,301

#### Finding No. 1 - Class II(c)

C14 - Bus & rail car rehabilitation

Bus and rail car rehabilitation.

#### C19 - Install purchase maintenance equipment

Purchase and installation of operating or maintenance equipment to be located within the transit facility and with no significant impacts off the site.

## Part 6: Fleet Status

No information found.

#### Part 7. FTA Comments

#### **General Review**

Comment Title:	Initial Review

Page 7 of 7

Comment By:	John Ottomanelli
Date Created:	Feb. 14, 2006
Date Updated:	Feb. 22, 2006
Ref Section:	Project Overview
Comment:	The following was sent to the City of Culver City (Andre Colaiace), via email, on February 14, 2006:
	Andre:
	We have reviewed the subject Grant Application, and have the following comments:
	General: 1. Please provide the telephone number for the Union contact.
	Budget: 2. For each ALI, provide the TIP ID Number adjacent to the activity description in the ALI Description field. OK. 3. This activity appears to be an ITS activity, and therefore should be identified with the appropriate Scope code. Note that we have created this ALI; please populate the fields accordingly, including the milestones, environmental findings, etc. OK.
	Extended Budget Descriptions: 4. ALI 11.62.02, the City of Culver City is required to use a systems engineering process in the development of ITS projects. In TEAM, please confirm that a systems engineering process is being used. OK.
	Environmental Findings: 5. ALI 11.46.03, the appropriate finding is Class II(d)(8). Please reference the date of the initial FTA concurrence with this environmental finding. OK.
	Thank you.
	John Ottomanelli FTA/FHWA Los Angeles Metropolitan Office, Region IX 888 South Figueroa Street, Suite 1850, LA, CA 90017 213.202.3957 (phone); 213.202.3961 (fax)

## Part 8: Results of Reviews

The reviewer did not find any errors

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		A = 1 = = 1 = 1 = 1 = 1	Version 7/0	
		03/01/2006		Applicant Ide	ntner	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		State Application Identifier		
☐ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal ident	ifier	
Non-Construction  5. APPLICANT INFORMATION	Non-Construction					
Legal Name:			Organizational Unit			
City of San Joaquin			Department:			
Organizational DUNS:			N/A Division:			
Organizational DUNS: 004	1940700	ρ	N/A			
Street:			Name and telephone involving this application	e number of po cation (give are	erson to be contacted on matters	
21900 Colorado Street P.O. Box 758			Prefix:	First Name:		
City:		The second second	Mrs. Middle Name	Cruz		
San Joaquin County:		RECEIVED	W. Last Name			
Fresno		I Francisco	Ramos			
State: CA	Zip Code 93660	FEB 2 8 2006	Suffix:			
Country: United States		ATE CLEARING HOU	Email: Steruzramos@kermant	el.net		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN)	ATE CLEARING HOO	Phone Number (give a	rea code)	Fax Number (give area code)	
94-6000415	-   ]	The control of the co	(559) 693-4311 exten	sion 18	(559) 693-2193	
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	ANT: (See bac	k of form for Application Types)	
V New If Revision, enter appropriate lette		on T Revision	C. Municipal		•	
(See back of form for description	of letters.)	П	Other (specify)			
Other (specify)			9. NAME OF FEDERA United States Departs		ITP	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE TI			
TITLE (Name of Program):		10-769	San Joaquin Busines	s Development	Project	
12 AREAS AFFECTED BY PRO	DJECT (Cities, Countie	s, States, etc.):	-			
City of San Joaquin, Fresno Coul	nty, California					
13. PROPOSED PROJECT			14. CONGRESSIONA	L DISTRICTS	OF:	
Start Date: 07/01/2006	Ending Date: 06/30/2007		a. Applicant Jim Costa		b. Project Jim Cosla	
15. ESTIMATED FUNDING:	00.00.200			SUBJECT TO	REVIEW BY STATE EXECUTIVE	
a. Federal S		OX.	ORDER 12372 PROCI		/APPLICATION WAS MADE	
		99,556			ATE EXECUTIVE ORDER 12372	
b. Applicant \$		50,000	PROCES	S FOR REVIEW	VON	
c. State \$		.50	DATE: 02	2/27/06		
d. Local \$			b. No. [7] PROGRAI	M IS NOT COV	ERED BY E. O. 12372	
e. Other \$		.co	OR PROG		FBEEN SELECTED BY STATE	
f. Program Income \$		.00			NT ON ANY FEDERAL DEBT?	
g, TOTAL \$		149,556	☐ Yes If "Yes" attach	an explanation.	. 🛂 No	
18. TO THE BEST OF MY KNOW OCCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TH	UTHORIZED BY THE	<b>GOVERNING BODY OF T</b>	LICATION/PREAPPLIC THE APPLICANT AND	CATION ARE T	RUE AND CORRECT, THE NT WILL COMPLY WITH THE	
a. Authorized Representative	First Namo		h == 1 == -			
MPS.	First Name Cruz		Middle I W.	vame		
ast Name Ramos			Suffix			
. Title City Manager				hone Number ( 93-4311 extens		
. Signature of Authorized Repress	entative Fam	200	e. Date		128/112	

Previous Edition Usable Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SU	BMITTED		Арр	Applicant Identifier		
SF 424 (R&R)	2 DATE OF						
	3. DATE REC	SEIVED BY	STATE	State	e Application Identifier		
1. * TYPE OF SUBMISSION  Pre-application  Application	lentifler	,	<u> </u>				
Pre-application							
5. APPLICANT INFORMATION			* Organizați	onal DUNS:	1136450840000		
Legal Name: Regents of the University of California			,				
Department: N/A	Division: S	School of N	latural Sciences				
* Street1: University of California, Merced	Street2: F	P.O. Box 2	039				
* City: Merced Cou	nty:			- State:	CA ZIP Code:	95344	
* Country: USA			ECEIV	ED	\	1,	
Person to be contacted on matters involving this applicate Prefix: First Name:	ion Middle Name:		FEB 282			2.00	
Thea	Middle (4d)(16.	STAT	E CLEARING	* Last Name: Vicari		Suffix:	
* Phone Number: 209-724-4318 Fa	× Number: 20	9-724-291			vicari@ucmerced.edu		
6. EMPLOYER IDENTIFICATION (EIN) or (TIN):	<u> </u>	7 * TVP	E OF APPLICA				
270093858			F: State-Controlled Institution of Higher Education				
8. * TYPE OF APPLICATION: V New		Other (Spa	cify);				
Resubmission Renewal Continuation Renewal	devision	☐ Wom	en Owned	Small Busines	se Organization Type  Socially and Economica	illy Disadvantaged	
If Revision, mark appropriate box(es).		9. YNAME OF FEDERAL AGENCY:					
A. Increase Award B. Decrease Award C. Inc.	ease Duration	Chicago Service Center					
D. Decrease Duration E. Other (specify)		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:					
* Is this application being submitted to other agencies?	Yes No V	81.049					
What other Agencies?		TITLE:	Office of Science	e Financial As	sistance Program		
11. " DESCRIPTIVE TITLE OF APPLICANT'S PROJECT		14.		\-	711		
Multi-Scale Hodeling and Computation of Convective Geo	ophysical and A	strophysica	I Turbulence		\\	70.000	
12. * AREAS AFFECTED BY PROJECT (cities, countles Merced, CA	s, states, etc.)						
13. PROPOSED PROJECT:		14. CON	GRESSIONAL (	DISTRICTS OF	:		
* Start Date * Ending Date	_	a. * Applicant b. * Project					
01/01/2007 12/31/2011	18						
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR		ORMATIO					
Prefix: First Name:   Michael	Middle Name:	/		" Last Name: Sprague		Suffix:	
Position/Title: Assistant Professor "Organization							
Department: N/A		School of Natur		· · · · · · · · · · · · · · · · · · ·			
Street1: University of California, Merced	P.O. Box 2039						
* City: Merced County: A State: CA Tolde: 95344							
* Country: USA							
Phone Number: 209-381-4179 Fax Number: 209-724-2912 Temail: msprague@ucmerced.edu							

OMB Number: 4040-0001 Expiration Date: 04/30/2008

ST 424 (R&K) APPLI		DERAL ASSIS	STANCE Pa	ige 2
16. ESTIMATED PROJECT FUNDING		1	17. " IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding 334,996.00		a.	a. YES  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372	
b. * Total Federal & Non-Federal Funds	0.00		PROCESS FOR REVIEW ON:	
c. * Estimated Program Income	0.00		DATE: 03/01/2006	
		b.	D. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR	
			PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
resulting terms if I accept an awa criminal, civil, or administrative particles of the continuation of the list of continuations and assurances, 19. Authorized Representative	ne best of my knov ind. I am aware tha cenalties. (U.S. Cod or an internet site wher	viedge. I also pit any false, fictide. Title 18, Sec	ed in the list of certifications" and (2) that the statements herein an provide the required assurances " and agree to comply with any titious, or fraudulent statements or claims may subject me to ection 1001)  Intellist, is contained in the announcement or eyency specific instructions.	
Prefix: First Name: Kelth	Mic	idle Name:	Last Name: Suff	
Position/Title: Vice Chancellor for Re		• 0	Alley	
Department: N/A	SEATCH	* Organization:	1,,	
		Division:	School of Natural Sciences	
		Street2:	P.O. Box 2039	
City: Merced	County	:	* State: CA * ZIP Code: 9534	4
Country: USA				
* Phone Number: 209-724-4341	Fax Nu	imber: 209-724-	4-2912 * Email: kalley@ucmerced.edu	
* Signature of Authori	zed Representativ	6	* Date Signed	
Completed on submis			Completed on submission to Grants.gov	
20. Pre-application			Asc Attagangert   Datete Attagan   Mary Arra	Perberat

OMB Number: 4040-0001 Expiration Date: 04/30/2008

FILE No.170 02/27 '06 16:20 ID:			FAX	:			PAGE	2/
2. DATE SUBMI		TTED Applic		dentifie	r .			
APPLICATION FOR FEDERAL ASSISTANCE								
SF 424 (R&R)	3. DATE RECEI	VED BY S	TATE	State A	State Application Identifier			
1. * TYPE OF SUBMISSION	4. Federal Ider	tifier						
Pre-application Changed/Corrected Application								
5. APPLICANT INFORMATION			* Organizational	DUNS: 11	36450840000	)	•••	╣
* Legal Name: Regents of the University of California								_
Department: N/A			tural Sciences					
Street1: University of California, Merced		D. Box 203	19	State:	CA	ZIP Code: 9	5344	
* City: Merced Con	unty:	Sand ha	OFIVE	State:	CA	211 00001		1
* Country: USA		R	CLIVE					
Person to be contacted on matters involving this applica		F	EB 2 8 200	) ast Name:			Suffix:	
Prefix: First Name:	Middle Name:			ari .o.			)	$\neg$
Thea	ax Number: 209	STAT	E CLEARING H	OUSE	icari@ucmero	ed.edu		
Fildia Mumber. 200727 4010	ax Number. 203			2000000				1
6 EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. TYPE OF APPLICANT:  F: State-Controlled Institution of Higher Education						
270093858								
8. TYPE OF APPLICATION: V New		Other (Specify): Small Business Organization Type						
Resubmission Renewal Continuation	Revision	☐ Women Owned ☐ Socially and Economically Disadvantaged						
If Revision, mark appropriate box(es).		9. * NAM	E OF FEDERAL AC	BENCY:				
A. Increase Award B. Decrease Award C. Ir	crease Duration	Chicago	Service Center					
D. Decrease Duration E. Other (specify)		10. CAT	LOG OF FEDERA	L DOMEST	IC ASSISTA	NCE NUMBER	:	
* Is this application being submitted to other agencies	Yes No.	81.049						
What other Agencies?		TITLE:	Office of Science F	inancial As	sistance Prog	ram		
11, * DESCRIPTIVE TITLE OF APPLICANT'S PROJE	CT:							
Multi-Scale Hodeling and Computation of Convective C	eophysical and As	trophysics	l Turbulence					
12. AREAS AFFECTED BY PROJECT (cities, count	ies, states, etc.)							
Merced, CA								
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF: a "Applicant b." Project						
* Start Date		a. * Appl	cant		18		,,,,	
		L	NI .	- 44			,	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: " First Name:	DR CONTACT INF Middle Name:	ON AMAIN	'NI * (	ast Name:			Suffix:	
Michael			orague			PhD		
Position/Title: Assistant Professor	ation Name: Regents of the University of California							
Department: N/A	School of Natural Sciences							
" Street1: University of California, Merced		P.O. Box 2039			]	05044		
* City: Merced County: State: CA * ZIP Code: 95344								
* Country: USA		,		] _ <b>_</b>		amornod od:		
* Phone Number: 209-381-4179	Fax Number: 209	<b>-724-29</b> 12		Email:	mebrague@n	cmerced.edu	Number 40	

FAX:

PAGE 2/ 3

Expiration Date: 04/30/2008

Expiration Date: 04/30/2008